

EXPLORING PHOTO ELICITATION TO ENGAGE HEAD START FAMILIES
OF CHILDREN WITH DISABILITIES

BY

KIMBERLY ANN HILE

DISSERTATION

Submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy in Special Education
in the Graduate College of the
University of Illinois at Urbana-Champaign, 2018

Urbana, Illinois

Doctoral Committee:

Professor Rosa Milagros Santos, Chair
Associate Professor Meghan Burke
Clinical Professor Emerita Mary-alayne Hughes
Professor Michaelene Ostrosky
Associate Professor Amanda Quesenberry, Illinois State University

Abstract

The Individuals with Disabilities Education Act mandates that children with disabilities be provided with individualized supports to maximize their overall development and learning. Caregivers of children ages birth to 5 years play an integral role in determining what supports are most beneficial for the child and their family. Research related to family empowerment and capacity-building suggest that families facing multiple risk factors (e.g., presence of a disability, poverty, single parents, and low levels of maternal education) may experience feelings of powerlessness when asked by professionals to make decisions on behalf of their families. The purpose of this study was to identify effective ways to engage families experiencing multiple risk factors including caring for young children with disabilities, to work collaboratively with Head Start professionals when planning and implementing family-centered interventions. Specifically, collaborations between families and Head Start Family Service Workers and the potential utility for a particular strategy, “photo elicitation,” to empower families to share their personal stories as a pathway to building meaningful relationships was examined. A qualitative approach via thematic analysis was utilized. Findings from this study begin to address the need for identifying innovative strategies for building family capacity with Head Start families, specifically those caring for young children with disabilities.

Keywords: family engagement, family-centered practices, Head Start/Early Head Start, disabilities, photo elicitation

This study is dedicated to the countless families caring for young children with disabilities who have a story to tell and to the dedicated professionals who are willing to listen

*“Anyone who does anything to help a child is a hero to me.”
Mister Rogers*

Acknowledgements

When I was in the third grade, the local newspaper came to school and asked all of us what we wanted to be when we grew up. I said that I wanted to work with young kids with special needs. I changed my mind many times over the years; however, as often happens in life, I eventually returned to this dream. I would like to take this opportunity to thank all of the special people in my life who helped me find my way back. First and foremost, I would like to thank my family. To my husband, Joe, for believing in me when I didn't. Lakyn, Logan, and Lucas, I'm sorry for all of the frozen pizzas and boxed mac and cheese you had to eat while I was engrossed in my school work and for believing that it would all be worth it one day. To my parents who instilled in me a strong work ethic and taught me how important it is to have a servant's heart. I love and appreciate you all more than you know.

I never would have made it this far if it were not for the support and guidance of some remarkable women. My advisor, Amy, taught me how to become a skilled writer and researcher, encouraged me when I felt defeated, and provided me with more incredible opportunities than I could have ever imagined. Sweden was definitely the icing on the cake! Mary-alayne, thank you for giving me the chance to supervise and share my experiences with your students. These opportunities sparked my desire to chase after this dream. I will forever be grateful for your confidence in me. And to the rest of my committee, Micki, Amanda, and Meghan, thank you all for supporting me along my journey of telling families' stories.

To my "short girl squad," Jenna and Robyn, thank you for always being there for me during the good days and the bad ones. Loretta and Jami, you are the greatest research assistants ever. I never would have been able to get to this point without your hard work. Thank you!

I also want to thank the families I've had the honor of working with over the past 15+ years. There is nothing as powerful as a parent's love and devotion for their child. Even when confronted with trials that must have felt insurmountable at times, you never wavered from doing what was best for your children. I learned so much from your strength and determination. Finally, I'd like to send a special "shout-out" to the coolest dude of all time, Ian Joseph Wagner. You overcame more in your 4.5 years than most adults do their entire lives; all with a smile on your face and a laugh that came straight from your belly. No superhero will ever be as tough as you. You'll always be my favorite.

The contents of this study were developed under grants from the U.S. Department of Education (H325D110037) and Head Start Scholars (90YR0099-01-00) from the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Its contents are solely the responsibility of the author and do not necessarily represent the official views of the U.S. Department of Education or the Office of Planning, Research and Evaluation, the Administration for Children and Families, or the U.S. Department of Health and Human Services. Project Officers Dawn Ellis & Wendy DeCoursey.

Table of Contents

Chapter 1 Introduction	1
Chapter 2 Literature Review	11
Chapter 3 Methods	35
Chapter 4 Results	60
Chapter 5 Discussion	90
References	109
Appendix A Tables and Figures	125
Appendix B Family Service Worker Demographic Survey	143
Appendix C Photo Elicitation Protocol	145
Appendix D Informed Consent Form (Photo Elicitation)	147
Appendix E Amazon™ Form for Photo Elicitation Participants	150
Appendix F Informed Consent Form (Focus Group)	151
Appendix G Focus Group Protocol	154
Appendix H Amazon™ Form for Focus Group Participants	157
Appendix I Family and Provider/Teacher Relationship Quality (FPTRQ) Family Services Staff Measure	158
Appendix J Code Book for Photo Elicitation Interviews	169
Appendix K Code Book for Focus Groups	173
Appendix L IRB Approval	181

Chapter 1

Introduction

Head Start was established in 1965 to address disparities in outcomes for young children living in poverty and is based on a comprehensive approach of addressing educational, health, nutritional, and social-emotional related needs. Head Start is considered a two-generation program wherein services and supports are focused on children as well as the families caring for them (Dropkin & Jauregui, 2015). Families provide the primary context in which young children grow and develop (Keilty, 2010); therefore, since its inception, Head Start has recognized the importance of family engagement to promote positive outcomes for young children facing multiple risk factors (Keys, 2015).

Research related to family empowerment and capacity-building suggests that families facing multiple risk factors (e.g., presence of a disability, poverty, single parents, and low levels of maternal education) may experience feelings of powerlessness when invited by professionals to participate in the decision-making process on behalf of their families (Nachshen, 2004). While these risk factors may impact a family's ability to fully engage in services, this study primarily focused on poverty as it intersects with disability. Specifically, the relationship between Head Start families caring for young children (ages 6 weeks to 5 years) with disabilities and the Head Start professionals tasked with supporting them was investigated. In order to counteract feelings of powerlessness, Head Start professionals must have access to tools that will build the family's confidence and competence. Thus, the formation of effective collaborations may serve to mitigate feelings of powerlessness by replacing prior negative experiences with opportunities for families to have their voices heard by invested, caring early childhood professionals (Korfmacher, Green, Spellmann, & Thornburg, 2007).

Importance of Collaboration for Children with Disabilities

Young children with disabilities are being included in greater numbers across a variety of educational settings than ever before. These settings include, but are not limited to, home or family child care settings, private or religious affiliated preschools, public Pre-K programs, and Head Start programs. Given their commitment to promoting inclusion in early childhood, Head Start requires that individual programs enroll a minimum of 10% of children with identified disabilities and their families. The 2017 Office of Head Start Program Information Report indicates that for both Early Head Start and Head Start, approximately 13% of enrolled children have an identified disability. The inclusion of young children with disabilities in Head Start highlights the need for Head Start professionals to possess the necessary skills to support families caring for these children on a day-to-day basis.

Section 1304.40 of the Head Start Program Performance Standards (2016) highlights the importance of family partnerships within the services provided by Head Start. Specifically, the standard related to family goal setting, 1304.40(a), highlights the need for Head Start programs to work collaboratively with families to “establish mutual trust and to identify family goals, strengths, and necessary services and other supports” (p. 129). While the Head Start Program Performance Standards recently underwent their first comprehensive revision since 1975, standards related to family and community engagement are being retained with the additional proposal of “improving family services by integrating research-based practices, placing a stronger focus on services to improve parenting skills that support child learning, and providing greater local flexibility to help meet family needs” (Administration for Children & Families, Office of Head Start Notice of Proposed Rulemaking Summary, 2015, p. 3).

Within Head Start, it is the Family Service Workers who are charged with forming effective collaborations with families in order to assist them in identifying individual goals, strengths, needed services and support systems as well as developing strategies and timetables for achieving self-determined goals. It is important to note, that although Head Start programs typically employ a “Disability Manager,” “Disability Supervisor,” or “Disability Coordinator,” their role is to ensure that children identified as having a disability are receiving all services outlined in their Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP). Given that the purpose of the current study was to explore collaborations between Head Start families and the Head Start staff tasked with supporting families with the aforementioned goals, the decision was made to include Family Service Workers as study participants instead of staff designated as Disability Managers, Supervisors, or Coordinators.

Collaboration between families and Head Start professionals, particularly Family Service Workers, positively impact both child and family outcomes. Positive outcomes for the child include improved academic performance and social-emotional development (Mendez, 2010) and physical health (Palfrey et al., 2005). Positive outcomes for the family unit as a whole include increased support for the child’s education (Brooks, Summers, Thornburg, Ispa, & Lane, 2004), satisfaction with the child’s care in the absence of the primary caregiver (Dempsey & Keen, 2008), an increased sense of empowerment (Dunst & Dempsey, 2007), and general improvement in the family’s overall well-being, specifically with the parent-child relationship (Trivette, Dunst, & Hamby, 2010).

As stated previously, Head Start was created to support children and families impacted by poverty by addressing their educational, health, nutritional, and social-emotional needs. Figure 1 displays the Parent, Family, and Community Engagement Framework created by the Office of

Head Start (2011). This framework outlines Head Start’s plan for building “positive and goal-oriented relationships” with the children and families they serve. Furthermore, it highlights both family engagement and child outcomes. Each of these outcomes are based on the premise that family engagement will lead to “family well-being, strong relationships between parents and their children, and ongoing learning and development for both parents and children” (U.S. Department of Health and Human Services Administration for Children and Families Office of Head Start, 2011).

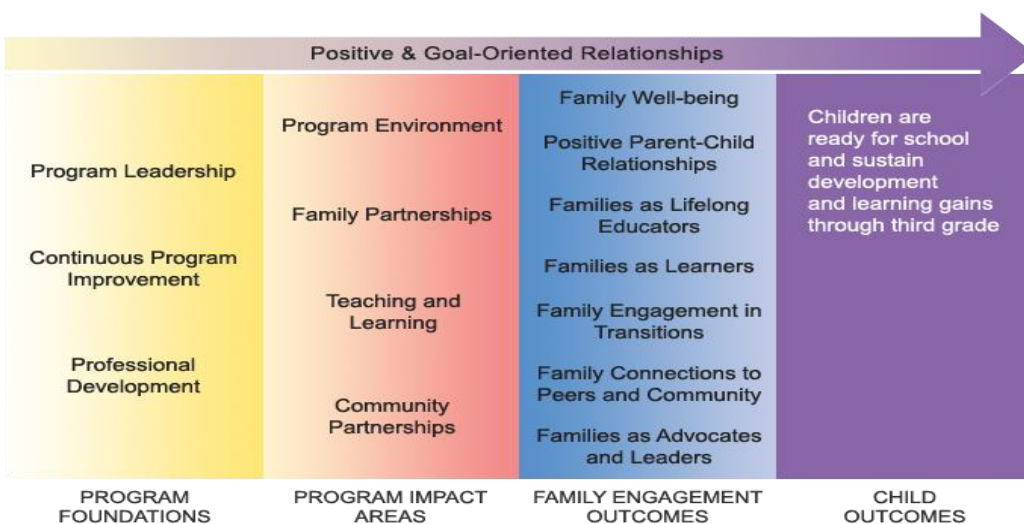


Figure 1.1. Positive and goal-oriented relationships.

Dunst and Trivette (2009a) found that the types of support families receive impacts whether or not the outcomes for their child and family will be positive, neutral, or negative. For example, positive child and family outcomes in Dunst and Trivette’s study correlated with supports that took into account the family’s priorities and concerns. Espe-Sherwindt (2008) asserted that professionals who espouse a “family-centered” philosophy place the family at the center of the decision making process, all the while empowering the family to recognize the strengths and experiences they have to offer the team. Head Start professionals must possess the skills to take into account each family’s unique experiences, priorities, and resources in order to

determine strategies for integrating appropriate supports within the family dynamic and daily routines.

The importance of effective collaboration is underscored in the recently released *Policy Statement on Family Engagement from the Early Years to the Early Grades* (U.S. Department of Health and Human Services & U.S. Department of Education, 2016). This policy statement includes 10 guiding principles of effective family engagement that should underlie collaborations between families caring for young children with disabilities and the early childhood professionals charged with supporting them. The purpose of the current study was to identify specific strategies that early childhood professionals, namely Head Start Family Service Workers, used to empower families to share their experiences of caring for a young child with a disability as a way of supporting effective collaboration. Therefore, the guiding principles described in this policy statement serve as a framework to guide discussions with both families and Head Start Family Service Workers in order to determine the extent to which effective family engagement strategies were being implemented. Specific principles that support the current study include: (a) valuing respectful and trusting relationships between families and professionals, (b) developing goal-oriented relationships with families that are linked to children's development and learning, (c) building staff capacity to implement family engagement principles, and (d) systemically embedding effective family engagement strategies within early childhood systems and programs.

Gaps in Research on Families of Children With Disabilities in Head Start

While Head Start program requirements call for a minimum of 10% of enrolled children to have a diagnosed developmental delay or disability, there is limited empirical evidence documenting the extent to which Head Start programs effectively support families caring for

young children with disabilities (Zajicek-Farber, Wall, Kisker, Luze, & Summers, 2011).

Furthermore, researchers have identified numerous factors that may impact a family's decision to access disability services including income level, education level, maternal age, availability of resources, female-headed households, more than two children in the family, and minority status (Bailey, Scarborough, Hebbeler, Spiker, & Mallik, 2004). Thus, while families may qualify for Head Start, their children may not necessarily be identified immediately as needing services to address their specific delay or disability and/or the family may not know about or be hesitant to access support services.

Additionally, while Head Start has options for supporting families within their natural environment, typically the home, the practice of supporting families through home visits is not without its own challenges. Gill, Greenberg, Moon, and Margraf (2007) contend that conducting home visits with families facing multiple risk factors may negatively impact job satisfaction, stress level, and overall mental health for early childhood professionals, including Head Start home visitors. Researchers have noted that these negative effects are often due to issues related to the program's mission, balancing job requirements, and overcoming prior negative experiences families may have had with other social service agencies. Specifically, Gill et al. (2007) argue that supporting families experiencing crises, focusing on developmentally appropriate practices, and overcoming issues related to the families' environment can have adverse effects for home visitors. In discussions with local Head Start program staff, administrators indicated a desire to support the formation of effective collaborations between families caring for young children with disabilities and early childhood professionals (K. Russell, personal communication, March, 11, 2016). In the context of the current study, Head Start Family Service Workers were identified as the main data source given that one of their primary

responsibilities is to identify individual goals and priorities that will support active family engagement within the Head Start program.

Clearly, understanding the importance of engaging families of young children with disabilities in planning and implementing their child's services is important. However, challenges remain to building effective collaborations between families and professionals. Gaining the perspectives of families and Head Start professionals in regard to their current working relationships is key to identifying strategies that may enhance family engagement and facilitate effective collaborations. This exploratory study focused on understanding the facilitators and barriers to supporting effective collaborations between families caring for young children with disabilities and Head Start professionals while examining an innovative strategy for engaging families to "tell their story."

The promise of photo elicitation as a strategy. Photo elicitation is a qualitative interviewing strategy that utilizes visual images, such as photographs, to support or enhance interviews (Richard & Lahman, 2015). Patton states that the rationale for using photo elicitation is to "capture participants' feelings, thoughts, intentions, previous behaviors or the ways in which people organize their mental understandings and then connect these understandings to their world" (2002, p. 341). Photo elicitation falls under the larger umbrella of "visual sociology" which also encompasses video ethnography, documentary films, and photo-essays (Harper, 1998).

Photo elicitation was originated in the late 1950s by a researcher named John Collier. Collier coined the term during his work exploring the impact of the environment on mental health outcomes (Torre & Murphy, 2015). Since its inception, photo elicitation has been used in the fields of sociology, anthropology, education, marketing, and health care. Although the

popularity of photo elicitation as a research method has increased since Collier's initial work, it continues to be less utilized than other "non-visual" qualitative methodologies such as interviews and focus groups (Torre & Murphy, 2015).

In order to extend the research base on effective strategies for supporting collaboration between families and early childhood professionals, the following questions were addressed:

1. What strategies do families report their Head Start Family Service Workers use to learn about what it is like to care for a child with a disability?
2. What are families' perceptions regarding the use of photo elicitation as a way to "tell their story" to Head Start Family Service Workers?
3. What strategies do Head Start Family Service Workers report they use to engage families in "telling their story" about caring for a child with a disability?
4. What do Head Start Family Service Workers perceive are the benefits and barriers to using photo elicitation as a strategy for learning families' stories?

The research questions specifically addressed the needs of both families and Head Start professionals in order to acknowledge the importance of, and strategies to support effective collaborations to enhance children's learning and development. Data collection and analysis from Head Start families and professionals allowed all voices to be heard with equal weight and significance. Relationships are transactional; therefore, in order to garner a more comprehensive perspective of the experiences of families and Head Start professionals alike, it was necessary to include both groups in the study (Cresswell & Plano Clark, 2011). As a primary goal of Head Start is to facilitate family engagement, the results of this study offer recommendations for further research, policy related to supporting family engagement, and training that enhances the relationship between Head Start professionals and families caring for young children with disabilities.

Theoretical Framework

The family-systems model (Trivette et al., 2010) provided the framework for this study in relation to supporting families caring for young children with disabilities. The family-systems model incorporates aspects of theories such as *social systems* (Bronfenbrenner, 1979), *empowerment* (Rappaport, 1981), *family strengths* (Stinnett & Defrain, 1985), *social support* (Cohen & Syme, 1985), and *help-giving* (Brickman et al., 1982). Four key components undergird the family-systems model including “capacity-building helpgiving practices, family needs (concerns and priorities), family strengths, and social supports and resources” (Trivette et al., 2010, p. 3). The family-systems model seeks to engage families by empowering them to identify their specific needs while focusing on strengths and available support systems in order to build family capacity.

The presence of effective collaborations between families caring for young children with disabilities and Head Start professionals supports active family engagement through the creation and implementation of intervention services that support positive outcomes for children and families alike. Ultimately, this support of the family as a system fosters positive growth, development, learning, and school readiness for young children. Stemming from a family-systems model (Trivette et al., 2010), this study was designed to understand how giving families a voice could empower them to make decisions for themselves and their children with disabilities. Supporting Head Start professionals’ ability to engage families by focusing on strengths and self-identified priorities and concerns in order to implement strategies can aid in the formation of effective collaborations.

This study was also grounded in a social support theoretical framework (Landy & Menna, 2006). Social support theory emphasizes identifying families’ strengths while valuing

the knowledge they possess regarding their child's needs and that of the family unit. Social support theory also emphasizes utilizing established support networks, such as extended family, friends, and religious organizations, as a way of building family capacity. Within this theoretical framework, the early childhood provider becomes an integral part of the family's support network without making assumptions regarding the family's priorities or concerns (Landy & Menna, 2006). In the context of the current study, tenets of social support theory were incorporated by giving Head Start families control of the stories they wanted to tell about caring for a young child with a disability. For example, many families shared photographs highlighting activities they enjoyed doing together, which emphasized strengths and cohesiveness. Families also shared photographs of strategies they incorporated within their daily routine to assist the child with disabilities in successfully interacting with family, friends, and the community. These photographs not only shed light on the knowledge families had about their children's unique needs, they also provided families the opportunity to share stories that could support Head Start professionals in better understanding their unique strengths, concerns, and priorities.

As previous researchers conclude, the presence of effective collaborations between families caring for young children with disabilities and Head Start professionals has an impact on the overall functioning of children and families alike (Brooks et al., 2004; Dunst & Dempsey, 2007; Mendez, 2010; Trivette et al., 2010). To this end, this study focused on perceptions of such relationships as well as strategies that may positively impact family engagement in addition to empowering families to share their story.

Chapter 2

Literature Review

The recognized benefits of effective collaborations between families caring for young children with disabilities and early childhood professionals related to positive child and family outcomes has created a need for the field to have a solid research base for understanding how to support the formation of such relationships. To provide a context for this study, extant literature drawn from the fields of early care and education, mental health, social work, and psychology were reviewed to gain an understanding of the knowledge base regarding factors related to effective collaboration. Questions that guided the review included:

1. What are the benefits and challenges to collaboration?
2. What family and professional factors support or impede the formation of effective collaborations?
3. How might photo elicitation impact the formation of effective collaborations between families and professionals?
4. What are the gaps within the current knowledge base supporting the formation of effective collaborations?

Search Parameters

While the early childhood professionals targeted in this study were Head Start Family Service Workers, there is currently limited literature related to this specific role. A search of Head Start Family Advocates was conducted as this title is often interchanged with Family Service Workers (L. Morrison-Frichtl, personal communication, April 28, 2016); however, this search resulted in limited findings as well. Literature highlighting the role of Head Start professionals typically relates to either Head Start/Early Head Start teachers or Early Head Start home visitors. The rationale for focusing on Head Start Family Service Workers stemmed from their job description, which includes supporting families with identifying priorities and goals for

their child and family, assisting families in connecting with applicable community resources such as medical or developmental services, and empowering families to advocate for their individual needs (Family and Teacher/Provider Relationship Quality: Family Services Staff Measure, 2015).

Thus, articles were included for review if they addressed factors related to supporting effective collaborations between families caring for young children with disabilities or who were at risk for disabilities and professionals (i.e., early intervention, early childhood/early childhood special education, home visitors, teachers, and Head Start professionals). In order to obtain a comprehensive perspective of various aspects of this topic, specific criteria for inclusion required articles to highlight family and/or early childhood professional factors known to support or impede the formation of effective collaborations, families experiencing multiple risk factors, and strategies for supporting effective collaborations, specifically photo elicitation. It should be noted that articles addressing photo elicitation were not limited to factors related to early childhood, disabilities, or collaboration as they were primarily reviewed for methodological consideration.

To identify relevant articles, keyword combinations including: *Head Start*, *Early Head Start*, *disabilities*, *family engagement*, *family empowerment*, *collaborative relationships*, *Head Start Family Service Workers*, *Head Start Family Advocates*, and *photo elicitation* were entered into the ERIC, Scopus, and ProQuest databases within the University of Illinois' library website. A manual search of each article's reference list was completed to identify additional articles. Dates of publication for the 39 articles identified ranged from 1993-2017. The search yielded 31 empirical studies and 24 conceptual papers. The 31 empirical studies included both quantitative and qualitative studies that primarily utilized surveys, interviews, focus groups, photo elicitation, secondary analysis of data, document analysis, and the analysis of digital video recordings as

data collection methods. Participants included parents of children with disabilities, Head Start/Early Head Start professionals, Early Intervention (Part C) and Early Childhood Special Education (Part B) service providers, home visitors, teachers, and administrators (see Appendix A, Table A1: Literature Review Matrix).

To provide a foundation for the topic at hand, the literature review is organized into four sections. First, literature addressing how families are positively impacted by collaborating with early childhood professionals is discussed. This section also highlights challenges to the formation of collaborations due to factors such as a lack of resources, limited family engagement, and the inadequate preparation of early childhood professionals. Second, factors known to impact collaboration are addressed. Specifically, literature addressing how demographic factors for both families and professionals can impact collaboration is highlighted. Additionally, factors such as parental attitudes, a sense of efficacy, and the presence of a positive relationship as well as values and expectations of early childhood professionals are discussed. Third, the qualitative interview strategy of photo elicitation is described along with a rationale for why its innovative use in the context of the current study could serve to positively impact the formation of effective collaborations between Head Start families and early childhood professionals. Benefits and challenges to this particular interview strategy also are discussed. Finally, gaps in the literature are discussed to frame what the field currently knows about factors impacting collaboration with this specific population as well as to support recommendations for future research related to the topic at hand.

Challenges and Benefits to Collaboration

Families caring for young children with disabilities face numerous challenges. Some of these challenges are related to the child's specific disability while others stem from social

supports that do not value the family's experiences, strengths, priorities, or concerns (McConnell, Savage, & Breitzkreuz, 2014). O'Brien (2003) contends that parents caring for young children with disabilities may experience feelings of isolation, marital conflict, financial and time constraints, and general feelings of ineffectiveness as a parent that put their own physical and psychological wellbeing at risk. Three themes related to challenges to collaborations emerged from the literature included in the review.

Access to supportive and individualized care has been found to mediate negative experiences and facilitate higher levels of family functioning (Farber & Maharaj, 2005). Dunst and Dempsey (2007) found that effective collaborations between families and early childhood professionals serve to empower caregivers, leading to greater perceptions of having control over one's life. Dunst (1985) shared that feeling as though one has control may lead to improved adult outcomes including better decision-making and overall functioning. Furthermore, Dunst found that when professionals implemented family-centered strategies such as espousing a strengths-based approach and encouraging families to assume control over identifying and accessing resources, families became empowered to make decisions on behalf of their children and themselves. Take for example, a family that felt as though they were an equal partner on their child's early intervention team and were empowered to make decisions related to interventions that aligned with their strengths, concerns, and priorities. According to Dunst (1985), this family should carry these skills and sense of control into the next system, potentially an inclusive Pre-Kindergarten program, and ideally they would continue to make decisions that would benefit their family.

The presence of effective collaborations among families and early childhood professionals also serves as a bridge between the home and school environment where

individualized, developmentally appropriate interventions may occur. Research provides clear evidence that family engagement positively impacts a child's school readiness and resulting academic success (Weiss, Caspe, & Lopez, 2008). To support positive developmental outcomes, early childhood professionals must be cognizant of the importance of matching the child's individual needs, parental perceptions regarding their role in supporting their child, and the extent to which the organization's professionals value parent engagement.

Limited family resources. A primary challenge to collaboration is the families' perception regarding their ability to meet the developmental needs of their children with a disability. The presence of risk factors including low-income and minority status, two common features of families in Head Start, also serves as a challenge (Farber & Maharaj, 2005). Researchers noted that families facing multiple risk factors may also have limited problem-solving skills that enable them to access community resources (Farber & Maharaj, 2005). The inability to problem solve can lead to insufficient knowledge related to child development and how to best support a child with developmental delays or disabilities (Landy & Menna, 2006).

Lack of family engagement. A second challenge to collaboration is the family's motivation or willingness to be actively engaged in their child's services (Korfmacher et al., 2008; Landy & Menna, 2006). Families facing multiple risk factors may be so focused on financial considerations such as providing housing and nourishment for their child, that they simply do not have the capacity to address their child's developmental concerns (Korfmacher et al., 2008). This is often misinterpreted as a lack of interest and engagement on the family's part when in reality families may be overwhelmed by their limited ability to meet basic needs. Early childhood professionals must therefore be open to "meeting the family where they are" without assuming that the family is uninterested or does not care about their child's development and

welfare. Lieberman and Pawl (1993) contend that in order to meet the specific needs and concerns of the family, early childhood professionals must diligently work to determine the best channel for reaching a family that might be labeled as “hard to reach.”

Poor preparation of professionals. Practices implemented by early childhood professionals must also be taken into account when examining factors that may adversely impact collaboration. Harden, Denmark, and Saul (2010) found that many early childhood professionals are ill-equipped to support the diverse needs of families facing multiple risk factors. Many early childhood professionals lack the skills to identify the impact that risk factors may have on child and family outcomes. However, when they do recognize risks, they often do not know how to adequately support the family (Duggan et al., 2004; Tandon, Mercer, Saylor, & Duggan, 2008). In order to mediate such deficiencies, it is imperative for the field to understand how early childhood professionals, particularly those working closely with families facing multiple risk factors such as Head Start professionals, are trained to identify and support the needs of diverse families.

Despite these challenges, researchers have noted that access to supportive and individualized care can mediate negative experiences and facilitate higher levels of family functioning (Farber & Maharaj, 2005). Effective collaborations between families and early childhood professionals has been shown to empower caregivers, leading to greater perceptions of having control over one’s life (Dunst & Dempsey, 2007; Nachshen, 2004). Furthermore, feeling as though one has control may lead to improved adult outcomes including better decision-making and overall functioning (Trivette & Dunst, 2004). For example, Trivette and Dunst (2004) share that families who possess a sense of control are better equipped to identify and

utilize support services that then lead to positive feelings regarding their ability to effectively parent their children.

The presence of effective collaborations among families and early childhood professionals also serves as a bridge between the home and school environment where individualized, developmentally appropriate interventions may occur. Researchers have provided evidence that family engagement positively impacts a child's school readiness, which results in the child's academic success (Weiss et al., 2008). To support positive developmental outcomes, researchers contend that early childhood professionals must be cognizant of the importance of matching the child's individual needs, parental perceptions regarding their role in supporting their child, and the extent to which the organization's professionals value parent engagement (Weiss et al., 2008).

Factors That Impact Collaboration

Across the studies included in this literature review, researchers identified family and early childhood professionals' characteristics, dynamic variables, values, and organizational supports that impact collaboration.

Family factors. To understand family factors that may support or impede effective collaboration, it is first important to understand the difference between *demographic* characteristics and *dynamic* or *process* variables. LaForett and Mendez (2010) contend that demographic characteristics that may support or impede collaboration include "single parenthood, ethnic minority status, parent education, and employment status" (p. 519). While these demographic characteristics provide insight into the types of families that may struggle with forming collaborations, they provide very little information as to *how* behaviors might manifest related to families effectively collaborating with early childhood professionals.

Dynamic or process variables include parental attitudes related to collaboration, parental efficacy, and the presence, or lack thereof, of a positive relationship between the family and early childhood professionals. While research highlights specific family characteristics that are known to either positively or negatively impact family-professional relationships, further examination of the actual processes and behaviors demonstrated by families that may impact the formation of effective collaborations is warranted.

Demographic characteristics. There are a host of demographic characteristics, including poverty, the presence of a disability, single parenthood, low maternal education, employment status, and ethnic minority status that have the potential to negatively impact child outcomes as well as a family's ability to collaborate with early childhood professionals (LaForett & Mendez (2010; Nachshen, 2004). Many of these demographic characteristics are common among families participating in Head Start or Early Head Start (Office of Head Start, 2017). The presence of such characteristics or risk factors, can create additional stressors that impact family functioning in a variety of ways. Additional stressors caused by the presence of a disability can stem from how a family perceives their child's disability (Hastings et al., 2005), the developmental and/or medical interventions that are required to address the child's disability, the point in time that the disability was first identified, as well as ease of access to necessary support services (Farber & Maharaj, 2005). Furthermore, some families may feel a social stigma related to their child's disability that further compounds their ability to cope with their circumstances as well as their willingness to seek out and accept appropriate supports (Farber & Maharaj, 2005; Farrugia, 2009).

It is important to note that not all families caring for a young child with disabilities experience poor outcomes (Olsson, Larsman, & Hwang, 2008). In an attempt to understand how

and why some families facing risk factors such as caring for a young child with a disability experience more positive outcomes than others, researchers have explored factors related to resilience. While some researchers assert that resilience stems from “within-family” factors such as positive maternal and family adaptations (Ekas, Lickenbrock, & Whitman, 2010), others contend that resilience has more to do with the availability of culturally relevant resources (Ungar, 2011), and socioeconomic status (Emerson, Hatton, Llewellyn, Blacker, & Graham, 2006), as well as access to both informal and formal sources of social support (Resch et al., 2010). In summary, regardless of the theoretical underpinnings related to child and family outcomes, it is important to be mindful of how demographic characteristics may or may not impact a family’s ability to form effective collaborations with early childhood professionals.

Dynamic and process variables. Dynamic or process variables are related to parental attitudes regarding collaborations, parental efficacy or the sense of competence and confidence families feel, as well as the presence of a positive relationship between the family and early childhood professionals. When considering dynamic or process variables that may impact a family’s ability to form effective collaborations with early childhood professionals, it is important to recognize the difference between *parental participation* and *parental engagement*. Parental participation refers to the quantity or frequency of interventions a family receives, whereas parental engagement refers to the quality of the relationship between the family and the early childhood professional as well as the extent to which the family views the interventions as beneficial in regards to meeting their individual needs (Ferlazzo & Hammond, 2009; Korfmacher et al., 2008). It is simply not enough for families to *participate*; the potential for positive change stems more from *engagement*.

Parental attitudes and perceptions regarding their child and family's intervention services are important to understand as these factors impact the formation of effective collaborations with early childhood professionals (Dunst & Dempsey, 2007). One way for families to form positive attitudes and perceptions regarding their intervention services is for them to be placed in a position of equal partnership (Bailey, 2001; Bezdek, Summers, & Turnbull, 2010; Fleming, Sawyer, & Campbell, 2011; Korfmacher et al., 2008). For families to feel like equal partners, Bailey (2001) highlights three themes that must be taken into consideration. First, supports provided to the family of a child with a disability should be individualized to take into account the family's specific culture, resources, concerns, and priorities. There should never be a "one size fits all" plan based on the early childhood professional's perception of the family's needs or the child's specific diagnosis. Second, Bailey encourages early childhood professionals to acknowledge parents as "active partners" during the planning process for not only the child, but the family unit as a whole. This acknowledgement sets the stage for families to fully participate in the process beginning with assessment, moving into planning, and ending with full implementation of services. Third, it is the responsibility of early childhood professionals to empower families to feel competent to meet the individual needs of their child and to advocate for them. Early childhood professionals are in families' lives for a short amount of time; therefore, it is vital that professionals use this time to equip families with the tools they will need to continue advocating for their child once early intervention/early childhood special education services have ended.

For families to be in a position to work collaboratively with early childhood professionals, they need to possess a sense of self-efficacy, or the belief that they can, in fact, make a positive impact on their child's overall development (Dunst & Trivette, 2009a). Results

from a meta-analysis conducted by Dunst and Trivette (2009b) suggest that a parent's sense of self-efficacy is directly correlated with their interactions with early childhood professionals and ultimately, how they engage in positive interactions with their children. For parents of young children with disabilities to be "in a place" where they can fully engage and participate in their families' intervention services, it is paramount that early childhood professionals spend the time to address feelings of self-efficacy prior to attempting to form effective collaborations with families (Bruder, 2010; Kelly, Zuckerman, & Rosenblatt, 2008). Given that the primary responsibility of Head Start Family Service Workers is to assist families with identifying their strengths and support networks, strategies for supporting each family's sense of self-efficacy needs to be explored in more depth through conversations with both Head Start families and Head Start Family Service Workers.

Moreover, there are research studies that support the need for family support programs and interventions to be implemented in a family-centered manner that empowers families all the while focusing on their strengths. Dempsey and Keen (2008) outline four principles that highlight family-centered practices for providing services for families caring for young children with disabilities. These principles are: (a) acknowledging that the families are the one constant in the child's life; (b) recognizing that families know their children best, and therefore should be given every opportunity to make pertinent decisions related to support and interventions; (c) facilitating interventions that focus on the family unit as a whole versus solely focusing on the child's needs; and (d) recognizing the family's strengths and competence when it comes to making important decisions on behalf of the family as a whole.

A strengths-based approach is vital for empowering families caring for young children with disabilities. Not only does implementing a family-centered approach that focuses on

strengths lead to greater parental satisfaction, but also to increased self-efficacy and positive child and family outcomes (Bruder, 2010; Division for Early Childhood, 2014; Dunst, Trivette, & Hamby, 2007; Popp & You, 2016). Ultimately, providing supports and interventions that espouse the aforementioned principles should not only improve child and family outcomes, but also assist with the formation of effective collaborations between families caring for young children with disabilities and early childhood professionals.

Early childhood professional factors. While there are a multitude of family factors that have the potential to impact the formation of effective collaborations with early childhood professionals, it is also important to consider factors related to the early childhood professionals themselves. Factors that have been found to impact collaborations with families caring for young children with disabilities include professionals' demographic characteristics, values and expectations, and organizational support (Forry et al., 2012).

Demographic characteristics. When taking into account demographic characteristics of early childhood professionals, it is important to consider both personal and professional characteristics. Examples of personal characteristics might include the early childhood professionals' ethnic identity, home language, feelings of self-efficacy, attitudes related to implementing family-centered practices, and style. Professional characteristics encompass educational attainment, professional experience, and training experiences related to working with families caring for a young child with a disability (Forry et al., 2012). Empirical evidence supports a greater association between professional demographic characteristics than personal demographic characteristics in regard to the formation of collaborations with families (Knoche, Sheridan, Edwards, & Osborn, 2010). Specifically, professional characteristics that had a greater association included educational background and professional experience working with families;

meaning that highly educated professionals with more experience supporting families tended to possess more effective skills related to forming collaborations with families. It is important to note, however, that it is challenging to separate personal from professional characteristics. As Bruder, Dunst, Wilson and Stayton (2013) found, educational attainment, years of experience, and opportunities to engage in professional development related to supporting families all had an effect on the professionals' sense of self-efficacy.

Values and expectations. Although best practice, including the Division for Early Childhood (DEC) Recommended Practices (2014), states that families and early childhood professionals should enter into equal partnerships in order to best support the needs of the child and family as a whole, this can be a difficult goal to accomplish. Historically, relationships between families and early childhood professionals were set up with the professional placed in a more dominant role while the family often assumed a submissive role (Turnbull, Turnbull, Erwin, Soodak, & Shogren, 2015). However, the concept of family-centered practices has changed this mindset.

While issues related to power have been documented to impact collaboration (Nachshen, 2004; Turnbull, Turbiville, & Turnbull, 2000), there are additional factors that may influence the formation of effective collaborations between families and early childhood professionals. Two such factors are the early childhood professionals' values and expectations in regard to the level of involvement families should assume within the context of intervention services. Some professionals may hold the belief that they are the expert and are therefore in a better position to make important decisions. Additionally, some may assume a "one size fits all" approach without recognizing that every family has different needs and priorities, regardless of their family

composition, family circumstances, or the child's type of disability (Bezdek et al., 2010; Fleming et al., 2011).

Studies conducted by Bezdek, Summers, and Turnbull (2010) and Fleming, Sawyer, and Campbell (2011) focus on early childhood professionals' attitudes and perspectives regarding partnering with families in order to implement interventions that benefit the family unit as a whole. Across these two studies, several themes emerged as supporting collaborations. First, professionals need to recognize that families are experts regarding their child and are capable of serving as equal partners. Second, professionals need to be willing to "put themselves into the family's shoes" to enable them to better understand the family's perspectives. Third, it is important for professionals to recognize the importance of families playing an active role in determining which intervention strategies would be feasible for them to carry-over into their daily routines. Finally, professionals must develop a sense of confidence to assist families in identifying and utilizing all available social supports such as extended family and friends, community organizations, and religious organizations.

Bezdek et al. (2010) and Fleming et al. (2011) also identified factors that serve as barriers to forming effective collaborations with families. A key finding in their studies was that some providers "talk the talk" but do not "walk the walk." While early childhood professionals may be able to articulate the benefits of collaborating with families, they do not routinely put this skill into practice. Additionally, some early childhood professionals had difficulty defining what effective collaborations look like. For example, Fleming et al. (2011) found that when providers were asked to define what collaborative or "participation-based" relationships looked like, they failed to discuss features such as basing interventions on typical family routines, assuming the role of "coach" versus "teacher" during interventions, or empowering the family to work directly

with the child during interventions. Other factors researchers found that impeded collaboration include professionals assuming a deficit-based approach rather than focusing on child and family's strengths, blaming the family for what they perceived to be a lack of involvement, and having a narrow view of how involved families should actually be throughout the process.

A main predictor of the formation of effective collaborations between families caring for young children with disabilities and early childhood professionals is the values and expectations of the professional (Bezdek et al., 2010; Fleming et al., 2011). Although early childhood professionals often cite challenges to forming collaborations with families, once they have a greater appreciation for the positive child and family outcomes that are derived from collaboration, the majority of professionals recognize the value of assuming a consultative role to support the family versus acting as an expert who focuses solely on the child. Furthermore, researchers noted that early childhood professionals who “bought into” the concept of collaboration were able to create an environment where they acknowledged the family as the expert of their child and can engage in a relationship where the family is empowered to express their concerns and priorities while making difficult decisions.

Organizational support. Early childhood professionals supporting families who care for young children with disabilities must adhere to policy guidelines set by the federal government and state government, as well as by the individual agency that employs them. Quesenberry, Hemmeter, and Ostrosky (2011) found that policies and procedures put in place by Head Start varied greatly from program to program, especially as they related to supporting families of young children engaging in challenging behaviors. Epley et al. (2010) studied the effects of administrative policies and procedures on the collaborations between families and early childhood professionals. They defined administrative structures as, “an agency’s leadership and

vision, organizational climate, and resources. They are the *general operating processes* that enable the staff to deliver services in a way that embodies recommended practices” (p. 20).

Epley and colleagues (2010) identified two family support programs in a Midwest state. One program (Program A) was based in a large urban area while the second program (Program B) served rural communities across several counties. Considering leadership and vision, they found that attitudes and experiences of the program administrator influenced how the program was run. The administrator of Program A took a more “hands-off” approach except in regards to managing personnel issues and ensuring that needed resources were available. Program A utilized the Parents as Teachers (PAT) program that is undergirded by the belief is that “parents are the teachers, and service providers are the consultants” (p. 25).

In contrast, the program administrator for Program B took a more “hands-on” approach to employ needed changes in the program. Program B’s administrator had just acquired her position a month before the case study began. Upon her hiring, she recognized that the early childhood professionals were not utilizing evidence-based practices, instead conforming to a medical model where the early childhood professionals served as the expert and families took a secondary role. The new administrator changed the program by providing trainings to all early childhood professionals to change the overall structure of the program to become more relationship-based.

The organizational climate also differed between the two programs. Early childhood professionals in Program A were more self-directed since the administrator took a less active approach; however, the staff reported feeling supported since the administrator made herself available for consultation as needed. The organizational climate for Program B was built more on a model of collaboration where the administrator and early childhood professionals set aside

time for staff meetings where they could collaborate about families served, as well as brainstorm ideas to better support all families in general.

Dinnebeil, Hale, and Rule (1999) also examined program practices that supported active collaboration, but focused on specific practices rather than larger, programmatic practices.

Dinnebeil and her colleagues found that collaboration could be supported by matching families with early childhood professionals based on the specific needs of the family rather than which professionals had availability to pick up another family for services. They also found that families reported greater satisfaction when early childhood professionals were allowed to work a flexible schedule where they could be available to meet with families after traditional work hours. Families further reported feeling more supported when the family support program provided services such as transportation, toy lending, and playgroups which in turn promoted socialization opportunities for the children as well as for the parents.

Dinnebeil et al. (1999) also found that when programs recognized families as equal partners with early childhood professionals, they reported higher rates of collaboration compared to programs that assumed a medical model approach that focused solely on the child. Successful programs recognized the importance of instituting a team approach and providing time for in-service trainings, teaming opportunities, and support for early childhood professionals.

Professionals working for such programs held more positive views on collaboration and recognized the many benefits for themselves, the children with disabilities, and the families.

While information regarding how policy and procedures affect collaboration between families caring for young children with disabilities and early childhood professionals, the aforementioned studies highlight how these factors can support or hinder collaboration. Factors such as leadership and vision, organizational climate, and resources impact an agency's ability to

support families. Furthermore, when program administrators set up the environment to foster a sense of teamwork, early childhood professionals often carry these attitudes and beliefs over to their work with individual families.

Photo Elicitation as a Pathway to Collaboration

While factors known to impact the formation of effective collaborations between families caring for young children with disabilities and early childhood professionals have been discussed, an innovative aspect of the current study was the use of photo elicitation. In the context of this study, photo elicitation was used to give families a voice to “tell their story” as it pertained to caring for young children with disabilities. The goal was to determine if photo elicitation is a viable strategy to empower families to assume a primary role in partnerships with the early childhood professionals charged with supporting them.

Photo elicitation as a methodology. Photo elicitation is a qualitative interviewing strategy in which visual images, such as photographs, video clips, children’s drawings, billboards, graffiti, etc., are used to support or enhance interviews (Harper, 2002; Richard & Lahman, 2015). Traditionally, photo elicitation interviews have involved the researcher choosing the photographs; however, depending on the focus of the study, some researchers recognize the benefits of having visual images chosen by the participants themselves (Hurworth, 2003). Photo elicitation interviews where participants are responsible for choosing photographs are commonly referred to as “auto-driven” interviews (Hurworth, 2003; Torre & Murphy, 2015). According to Frith and Harcourt (2007), traditional photo elicitation interviews where researchers select the visual images are appropriate for studies where existing theories are being examined. Auto-driven interviews lend themselves to situations where data serve to develop new theories.

Hurworth described a traditional photo elicitation study where farmers were shown photographs to elicit their attitudes towards the modernization of farming. In this case, the researchers chose the photographs thereby exploiting, “the power of images to catalyze informants’ exploration and association of meanings and understandings in the discussions about the snapshots” (2003, p. 1). Stockall and Davis (2011) described a study using auto-driven photo elicitation as a means of understanding how preservice early childhood teachers form their beliefs about young children. Taking photographs from media sources, the preservice teachers were asked to create a “story board” highlighting their beliefs regarding young children.

Process of photo elicitation. In the current study, participants were asked to take their own photographs; therefore, the photo elicitation process described will highlight the steps for conducting an auto-driven interview. According to Mandleco (2013), the first step is for the researcher and participant to determine how photographs will be taken; namely, if the participant will use their own device (i.e., camera phone, iPad, etc.) or if the researcher will provide them with a camera (i.e., a disposable camera). Second, the researcher must ensure that the participant understands the purpose of the study in order to take photographs that align with the research questions. It is important to note that the researcher must be careful not to coax or lead participants in a certain direction. Rather, participants are encouraged to capture photographs that, from their perspective, speak to the general purpose of the study (Mandleco, 2013). Third, the researcher and participant determine the length of time needed to capture the photographs. Once this time has passed, the researcher obtains a copy of the photographs. If the participant used their own device, steps must be taken to protect their privacy during the transfer of photographs to the researcher. If the participant used a camera provided by the researcher, the researcher is responsible for developing the pictures. Fourth, the researcher and participant meet

to conduct the interview. The photographs are discussed in the order they were taken. While photo elicitation interviews should be fairly open-ended to allow participants the opportunity to assume the lead and to facilitate open expression (Shaw, 2013), researchers should have a few standard questions to provide consistency across participants (Mandleco, 2013). Photo elicitation interviews should be audio-recorded and transcribed to facilitate data analysis. Finally, in situations where participants used a researcher-provided camera, the researcher should provide participants with copies of the photographs to serve as a keepsake.

Benefits of photo elicitation. A primary benefit of photo elicitation is that photos have been found to facilitate more in-depth responses from study participants versus traditional interviews where visual supports are not utilized (Shaw, 2013). The use of photos often extends conversations, supports personal reflections, and enables participants to share their values, beliefs, and experiences; therefore, photo elicitation serves to connect the worlds of the participant with that of the researcher. Mandleco (2013) contends that photo elicitation is beneficial in shifting power from the researcher to the participant, as it is the participant who ultimately decides on the photos he/she feels comfortable sharing. Furthermore, using personal photos during interviews may assist with rapport building as focusing on photos may alleviate some of the anxiety that comes from engaging in dialogue with an unfamiliar professional (Hurworth, 2003).

Another benefit of photo elicitation is that it can assist with “breaking the frame” related to any preconceived notions or biases the researcher may hold regarding the topic of interest (Shaw, 2013). Photo elicitation provides participants with the power to make meaning of their reality using their own voice. Literature highlights feelings of powerlessness on the part of many families facing multiple risk factors and the early childhood professionals tasked with supporting

them (Nachshen, 2004); therefore, photo elicitation could be an effective strategy for balancing this power differential.

Challenges of photo elicitation. Although there are numerous benefits to photo elicitation, this particular interviewing strategy is not without its challenges. Researchers must keep in mind that some photographs may illicit strong memories and emotions, both positive and negative, for participants (Clark-Ibanez, 2004). Frith and Harcourt (2007) interviewed cancer patients to learn about their experiences with chemotherapy. One participant shared, “I suppose it’s made me, especially when the photographs came and I sat and looked at them, it made me go back . . . and made me remember the good and the bad” (p. 1345).

Another consideration when using photo elicitation is the fact that even when participants volunteer for the study, at times, they may be unable or unwilling to share the true meaning behind their photographs with researchers (Mandleco, 2013). As photo-elicitation interviews are used to examine experiences that are not readily observable such as feelings, thoughts, or intentions, again, these interviews may tap into emotions the participant was not prepared to share (Richard & Lahman, 2015; Torre & Murphy, 2015). Furthermore, while participants may initially be willing to capture photographs depicting experiences that may be considered taboo, when it comes time to be interviewed, participants may become uncomfortable.

Clark-Ibanez (2004) discussed how researchers engaging in photo elicitation interviews must “strike a delicate balance between their goal of collecting data and retaining compassion for participants” (p. 1517). This becomes especially important in situations where the attitudes, beliefs, or experiences being studied are of a sensitive nature. In these situations, researchers must spend extra time building rapport with participants while ensuring that their privacy will be respected.

Researchers must be cognizant of ethical considerations when using photo elicitation. Researchers must take into account how they can protect the identities of participants when using the photos for professional presentations and publications. Furthermore, it can be difficult for researchers to feel confident that all individuals shown in a particular photo provided consent for their image to be included (Smith, Gidlow, & Steel, 2012).

There are also logistical issues that must be considered. While participants have the freedom to choose the photos they wish to take, they may not always have a camera on hand to capture the moment. Additionally, some participants might require more assistance with the technical aspects of working a camera. This is an issue that must be considered if participants are minors, have limited experience using various types of cameras, or have a developmental delay or disability (Mandleco, 2013). Researchers also must be prepared for participants to “self-censor,” or decide after the photo is taken that they no longer feel comfortable sharing the meaning behind the photo (Smith et al., 2012). This may especially be true if the topic of interest has legal ramifications or could be considered socially undesirable.

In order to provide a foundation for the current study, 14 articles related to photo elicitation were reviewed. Of the 14, five were conceptual papers describing photo elicitation in a general sense (Clark-Ibanez, 2004; Harper, 2002; Hurworth, 2003; Richard & Lahman, 2015; Shaw, 2013). Four additional conceptual papers highlighted the use of photo elicitation with children (Birkeland, 2013; Mandleco, 2013; Stockall & Davis, 2011; Torre & Murphy, 2015). Empirical articles by Frith and Harcourt (2007) and Smith, Gidlow, and Steel (2012) discussed studies where photo elicitation was used with cancer patients and adolescents participating in an outdoor education experience, respectively. Izumi-Taylor, Ito, and Krissell (2016) described a study where young children ages 3-5 years took pictures to describe their view of play. Ruto-

Korir and Lubbe-De Beer (2012) took pictures of children ages 4-5 to share with early childhood teachers in order to ascertain their beliefs of appropriate educational practices. Neither of the aforementioned empirical studies included young children with disabilities, however.

Only one empirical study conducted by Stockall (2013) included elementary-aged children with disabilities. This study used photo elicitation to examine general education teachers' perceptions of inclusion. Furthermore, this study assumed a traditional approach to photo elicitation where the researchers were responsible for choosing the photographs to use during interviews.

As such, it is clear that there is limited empirical support for the use of photo elicitation to explore the experiences of families caring for young children with disabilities. Compounding this limitation is the fact that of those studies that did include children, the photographs were selected by the researchers rather than key stakeholders such as teachers or families. Therefore, this study adds to the current literature base on the potential effectiveness of utilizing auto-driven photo elicitation strategies with families caring for young children with disabilities. It is warranted to explore the benefits that photo elicitation can offer to this particular population. The fact that photo elicitation, using the auto-driven approach, places the onus on participants to share their lived, personal experiences and perspectives through photos and to lead the effort to make meaning of those experiences makes it a viable option worthy of examination.

Gaps in Literature

While there is an extensive literature base related to how Head Start programs support families facing multiple risk factors in general, the evidence base to support the formation of effective collaborations between families caring for young children with disabilities and the Head Start professionals charged with supporting them is limited. Of special concern is the

dearth of research related to Head Start professionals who work with families receiving services in their homes (Harden, Denmark, & Saul, 2010). This is an important limitation to be mindful of as Early Head Start services, in particular, are often conducted in the family's home. Therefore, there is a need for research related to understanding the perceptions and practices of Head Start professionals who routinely conduct home visits when engaging with and supporting families.

There are also gaps related to how early childhood professionals who may not have a background in disability services or special education are prepared to support families caring for young children with disabilities. Local Head Start programs shared the need for staff to identify strategies for supporting parent engagement as well as forming effective collaborations with families caring for young children with disabilities (K. Russell, personal communication, March, 11, 2016). The personal nature of working closely with such families makes it necessary to consider how to include families within professional development opportunities alongside the staff charged with these roles and responsibilities (Cummings, Sills-Busio, Barker, & Dobbins, 2015).

Finally, while the literature on photo elicitation supports its use as a strategy to provide participants a voice in research, little is known about its impact on families facing multiple risk factors, including those caring for young children with disabilities. The numerous benefits to engaging in photo elicitation interviews shows promise for mitigating feelings of powerlessness when families are asked to make decisions on behalf of themselves and their children. The current study adds to the literature base while highlighting the effect of photo elicitation on this special population.

Chapter 3

Methods

This study employed a qualitative means of analysis utilizing photo elicitation interviews and focus groups. Specifically, a simultaneous, multimethod design was used to ascertain perceptions of two overarching questions (e.g., strategies used by Head Start Family Service Workers and the potential utility of photo elicitation interviews) from two separate participant groups (e.g., Head Start families and Head Start Family Service Workers). According to Morse (2003), a multimethod research design utilizing an inductive theoretical drive is, “primarily used for developing description and for deriving meaning and interpretation of the phenome[non]” (p. 201). The photo elicitation component was conducted with Head Start families caring for young children with identified or suspected developmental delays or disabilities. Focus group participants were Head Start Family Service Workers. Procedures for these components are described in detail in this chapter. Including Head Start families and Head Start Family Service Workers allowed for a variety of perspectives, which provided a robust picture of the participants’ experiences (Creswell & Plano Clark, 2011).

This study was viewed through a social constructivist lens. Creswell (2014) contends that this approach highlights the way individuals construct meaning from lived experiences. Researchers who espouse this approach recognize that participants view similar experiences in vastly different manners; thus researchers focus their attention on making meaning of those differences. Viewing participants’ experiences through a social constructivist lens was important for this study as this approach also compels researchers be cognizant of, “the complexity of views rather than narrow the meanings into a few categories or ideas” (Cresswell, 2013, p. 24). It would be misguided to assume that all Head Start families have the same experiences when it

comes to caring for a young child with a developmental delay or disability. Furthermore, it would be difficult to contend that the process for becoming empowered to collaborate with early childhood professionals such as Head Start Family Service Workers follows the same path for all families. If they do have similar experiences, it is still not guaranteed that the meaning they make of those experiences aligns with other Head Start families' experiences.

Study Participants

The target states for this study included a large Midwestern state with a population of approximately 13 million and a smaller Southern state with a population of approximately five million. According to the 2010 Census, the ethnic representation of the Midwestern state mirrors that of the United States with approximately 16% of the population identifying as Hispanic or Latino. Approximately 4% of the population in the Southern state identifies as Hispanic or Latino (U.S. Census Bureau, 2010).

Participants of the photo elicitation interviews included 18 Head Start families caring for young children who had been identified as having a developmental delay or disability or those who were going through the process of being identified (e.g., family had consented to evaluations, evaluations were being completed, referral to early intervention system or LEA had been made, etc.). According to the 2017 Office of Head Start Program Information Report (PIR), the Midwestern state had approximately 3,600 children, ages 3-5 years who were eligible for an Individualized Education Program (IEP) by their Local Education Agency (LEA). An additional 1,400 children, ages 6 weeks to 3 years old, were determined eligible for Part C early intervention services and had an Individualized Family Service Plan (IFSP) written. The Southern state had approximately 1,250 children with IEPs and 200 infants and toddlers with IFSPs.

Participants in the focus groups included 16 Head Start professionals who held the title, “Family Service Worker,” “Family Support Worker,” or “Family Advocate” at the time the study was conducted. It was necessary to include variants of the title “Family Service Worker,” as the target states and programs did not share a common title for the professional tasked with forming effective collaborations with families in order to assist them in identifying individual goals, strengths, needed services and support systems as well as developing strategies and timetables for achieving self-determined goals. The 2017 PIR used the title “Family and Community Partnerships Staff” and indicated that there were 813 and 347 of these workers employed by Head Start in the Midwestern and Southern states respectively.

Participant Recruitment

To recruit participants, all Institutional Review Board (IRB) requirements were followed using the guidelines set by the University of Illinois at Urbana-Champaign’s IRB Board. The following sections will describe, in detail, how family and Head Start Family Service Worker participants were recruited.

Family participants. Families of children with identified or suspected developmental delays or disabilities were recruited using purposeful sampling (Vogt & Johnson, 2011) in collaboration with Head Start programs. Tracy (2013) contends that purposeful sampling supports cohesion between the purpose of the study, research questions, data collection strategies, and participants so that they “complement each other” (p. 135). The criteria for participation included families (a) whose children were enrolled in Head Start or Early Head Start and (b) whose children had a suspected or identified developmental delay or disability. It should be noted that for the purpose of this study, the term “family” was used inclusively, meaning that the child’s primary caregiver(s) were invited to participate in the photo elicitation

component of the study. This broad use of “family” resulted in caregivers including mothers (biological and adoptive), grandmothers, an aunt, and a father participating. All families that participated received a \$50 Amazon™ gift card to thank them for sharing their time as well as their story.

The strategies used to recruit family participants were somewhat different for the two target states, primarily due to the researcher’s knowledge of, and connections with, various Head Start programs. For the Midwestern state, the first step was to visit the state’s Head Start Association website to identify the designated Head Start grantees, of which there were 58. The goal was to draw participants from each of the five regions defined by the state’s Department of Human Services (DHS) which can be found in Figure A1 (Appendix A: Department of Human Services (DHS) Region Map for Midwestern State). Once Head Start grantees in each of the five regions had been identified, the researcher contacted the offices, either speaking with, or leaving messages for, the Program Director or Child and Family Services Manager. In some situations, it was necessary to provide a brief synopsis of the study in order to be directed to the appropriate individual.

A minimum of three grantees from each region were contacted. Of the 22 grantees contacted, five agreed to share recruitment materials with their Family Service Workers who disseminated the materials to qualifying Head Start families. Recruitment materials were personally delivered to four of the grantees while materials were mailed to the fifth. By hand-delivering materials, the researcher had the opportunity to engage in face-to-face conversations with Head Start professionals in order to answer questions or alleviate concerns. Two of the grantees declined to participate in the study due to an overabundance of requests to participate in research studies, and 15 did not respond to repeated voice mails. A minimum of two voice mails

were left for each grantee. Refer to Table A2 (Appendix A: Initial Recruitment Efforts Based on DHS Region) for a breakdown of grantees contacted per region as well as their response regarding participation.

Although the goal was to identify 20 families (four families from each region—two EHS and two HS), to participate in the study, participant recruitment was a challenge. As stated previously, initial efforts included contacting Head Start grantees directly. These efforts garnered eight families who agreed to participate in the study. The state’s Early Intervention Ombudsman connected the researcher with the state’s Associate Head Start State Collaboration Director who personally contacted 15 Head Start grantees around the state, shared recruitment materials, and asked them to consider disseminating the materials to their Family Service Workers. Of the 15 Head Start grantees she contacted, 12 were grantees that have been previously contacted during initial recruitment efforts. From the Associate Director’s email efforts, one additional family volunteered to participate in the study. The final recruitment strategy employed was to attend a Quality Enrichment Circle (QEC) training sponsored by the state’s Head Start Association to share information about the study and distribute recruitment materials with Family and Community Engagement workers in attendance. Two individuals expressed an interest in participating in the study and provided contact information for their directors who would give final approval for participation. These individuals represented Head Start grantees in Regions 2 and 3.

For the next recruitment step, the researcher contacted early intervention service coordinators she had personal and professional relationships with and asked if they would be willing to share recruitment materials with families that were also enrolled in Early Head Start. Their efforts resulted in the identification of three more families (Region 3). Finally, a fellow

doctoral candidate assisted with recruitment efforts by sharing recruitment materials with participants of her study who disclosed that they were enrolled in Head Start. This connection resulted in the addition of three families (Region 1). The aforementioned recruitment strategies from the larger, Midwestern state garnered a total of 15 participating families. Table A2 (Appendix A) describes initial recruitment efforts based on DHS Regions. Table A3 lists the number of participating families residing within each DHS Region that were recruited (Appendix A: Participating Children and Families from Midwestern State).

In order to reach the goal of 20 Head Start families for the photo elicitation component of this study, recruitment efforts were extended to a smaller, Southern state. With guidance from the director of a University Early Learning Center, the researcher connected with the Family Service Content Team Leader from the Community Action Program for this state. The Community Action Program manages Head Start and Early Head Start programs across the 15 northernmost counties in the state (see Appendix A, Figure A2: County Map of Southern State). The Team Leader identified 12 Head Start Family Service Workers from two nearby Head Start programs who agreed to share recruitment material with their families. These 12 Family Service Workers provided contact information for 20 eligible families. After contacting the 20 families, six agreed to participate in the study. The remaining 14 families either did not answer the phone, did not have the ability to accept voice mails, or did not return messages.

The six families who agreed to participate were provided with instructions and a date was set to conduct the photo elicitation interview over the phone. Details regarding instructions families received are highlighted in the study measures and procedures section. Ultimately, three additional photo elicitation interviews were completed. The remaining three families did not answer the phone at the scheduled time nor did they respond to further attempts at

communication. The recruitment strategies from the Southern state garnered a total of four children representing three families. A total of 18 photo elicitation interviews were conducted with families across the two states. Eleven of the interviews were conducted face-to-face with the remaining seven interviews conducted over the phone.

Of the 18 families who participated in the photo elicitation interviews, 18 caregivers were female (95%) and 1 was male (5%). One married couple participated in the interview together. Of the 18 female participants, 12 cohabitated with their child(ren)'s father (67%) and six were single mothers (33%). Fifteen caregivers were biological mothers (79%). The remaining participants included one adoptive mother (5%), two grandmothers, both who had legally adopted their grandsons (11%), and one father (5%). Of the 24 children, 12 were male (50%) and 12 were female (50%). Based on their ages, 12 were enrolled in Early Head Start (50%) and 12 were enrolled in Head Start (50%). Demographic information for the families that participated in photo elicitation interviews and their children, respectively, are described in Table A4 (Appendix A: Demographics of Photo Elicitation Interview Participants) and Table A5 (Appendix A: Demographics of Children Depicted in Photo Elicitation Interviews).

Head Start family service workers. Head Start Family Service Workers from both states were invited to participate in focus groups. In order to recruit Head Start Family Service Workers, convenience sampling was used. Specifically, the various Head Start grantees in both states who assisted with recruiting Head Start families were contacted and asked if their Head Start Family Service Workers would be willing to share their experiences related to building effective collaborations with families. Convenience sampling provided the opportunity to work with participants who were readily available (Morling, 2015), meaning that contact had already

been made with their program directors or supervisors who had expressed an interest in the topic being explored.

Three focus groups were held, one in the Midwestern state and two in the Southern state. The focus group held in the Midwestern state consisted of four Head Start Family Service Workers. It was held at their Head Start center during working hours and lasted 82 minutes. The location and time of this focus group was determined by the participants themselves.

The two focus groups held in the Southern state were comprised of the Head Start Family Service Workers that the Team Leader had reached out to during the recruitment of Head Start families for the photo elicitation component. These focus groups each had six Head Start Family Service Workers in attendance. Furthermore, both focus groups were held at their respective Head Start centers during working hours. The first focus group lasted 102 minutes while the second lasted 84 minutes. Again, the location and time of each focus group was determined by the participants.

Focus group participants completed a brief survey (see Appendix B: Family Service Worker Demographic Survey) designed to collect basic demographic information (i.e., gender, age, race/ethnicity) as well as information related to their role as Head Start Family Service Workers, including the number of years they had held this role, number of families they currently serve, number of families caring for children with disabilities they currently serve, as well as the credentials they possess, if any, that impact their ability to support such families. Of the 16 focus group participants, 13 completed the required form in its entirety while two completed the front side only. One participant did not turn her form in at all. Participants included 15 females (94%) and one male (6%). Of the 13 Family Service Workers who completed the question related to race, nine identified as Caucasian (69%) and four self-

identified as Black or African American (31%). Fifteen Family Service Workers shared the number of years they had worked in the field with seven participants having been in the field for four or less years (47%), while the other eight had worked in the field five to 15+ years (53%). Refer to Appendix A, Table A6: Demographics of Focus Group Participants for additional demographic information for the focus group participants.

Study Measures and Procedures

Photo elicitation component. The photo elicitation component of this study provided Head Start families caring for young children with identified or suspected developmental delays or disabilities the opportunity to “tell their story.” The procedures for conducting photo elicitation interviews with Head Start families is described next.

Prior to the photo elicitation interview. Families participating in the photo elicitation component were provided with a brief overview of the study as well as general and limited instructions regarding the types of photographs they could consider taking. It was critical to not guide or direct them in a particular direction. Since their story of caring for a young child with a developmental delay or disability is unique to their family, the researcher did not provide suggestions that would impact the types of photographs they would take. For example, if the researcher had provided an example of a calendar showing multiple medical and developmental appointments for their child highlighting their busy schedule, there was a concern that every family would take a similar picture. In this event, the researcher could lead them in a direction that might not actually be a part of their story.

Therefore, when instructions were provided to families, it was explained that they should take photographs that would “tell *their* story” of what it is like to care for a young child with a developmental delay or disability. They were told that there were no “right” or “wrong”

photographs to take. Any photograph that assisted in telling their story would be an appropriate photograph to include. The task of taking photographs depicting their family story was also framed as “a day in the life.” In order to make the instructions more explicit, each family was provided with an example from the researcher’s own family. She explained that if she were asked to take photographs depicting what it is like to get her three children (ages 16, 11, and 4) out of the house for school in the morning, she might take a picture of her two boys lying on the couch watching cartoons while they wake up. She might also take a picture of her 4-year-old throwing a fit because she would not make him fish sticks for breakfast. She went on to share that she might take a picture of her teenage daughter “hogging” the bathroom mirror so that no one else could get ready. Throughout this explanation, the researcher attempted to include both positive and negative aspects for their “day in the life” when it came to the morning routine.

During the initial photo elicitation interviews, several families shared that they could think of photographs they had already taken that would assist in “telling their story” and asked if they could use those photographs. Although the original intent was for families to take new photographs over a set time frame, initial plans were modified in order to be sensitive to this request. Again, a benefit of photo elicitation is that it allows participants to take the lead while “teaching” the researcher (Shaw, 2013). Therefore, in order to provide complete control over how each family would tell their story, subsequent families were instructed to either identify photographs they had already taken and/or take new photographs. In the final analysis, the majority of families shared photographs they had previously taken for their own purpose and at least four families shared photographs they took primarily for the photo elicitation interview.

For the purpose of this exploratory study, each family was asked to identify or take five to 10 photographs depicting their “day in the life” specific to caring for a young child with a

developmental delay or disability. Each family was given the option of using their personal camera or camera phone or having a disposable camera provided to them. All families used their personal camera phone to take photographs. Families requested 3 to 7 days to collect their photographs. Photo elicitation interviews were then scheduled with each family based on the time they requested for identifying or taking photographs. The seven families who participated in the interview over the phone were asked if they felt comfortable emailing or texting their photographs to the researcher prior to the scheduled interview so that she could have them for reference. All seven families complied with this request.

During the photo elicitation interview. Prior to beginning the interview, families were reminded of the overall purpose of the study. For each family, regardless of whether the interview was conducted face-to-face or by phone, each photograph was discussed one-by-one. For each photograph, families were asked three questions: (a) “Can you please describe what is going on in this photograph?” (b) “How does this photograph help tell your family’s story?” and (c) “How might this photograph help your Head Start Family Service Worker understand your family in order to best support your family?” It should be noted that prior to asking these three questions, families were provided with the definition of a Family Service Worker as described in the *Family and Provider/Teacher Relationship Quality (FPTRQ) Family Services Staff Parent Measure*. According to this measure, Family Service Workers are described as the individual who supports families with identifying goals, provides families with information for community resources, and guides them through the enrollment process. After providing this definition, each family was asked to identify this person and was instructed them to keep this person in mind when answering questions.

Upon completion of the photo elicitation portion of the interview, each family was asked five follow-up questions that were specific to their relationship with their identified Head Start Family Service Worker. These questions included: (a) “Can you tell me about your relationship with your Head Start Family Service Worker?” (b) “How does your Head Start Family Service Worker support your family?” (c) “What did he/she do to get to know your family?” (d) “Do you feel these strategies were effective? Why or why not?” and (e) “Do you feel like taking photographs of your life to share with your Head Start Family Service Worker would be an effective strategy for helping him/her better understand your family? Why or why not?” The final question asked of each family was for them to provide recommendations for new Head Start Family Service Workers related to learning a family’s story. This question was framed as, “Imagine you were standing in front of a group of brand new Family Service Workers and you wanted to give them advice on how they could build effective, collaborative relationships with families caring for a young child with a developmental delay or disability. What specific advice would you give them?” See Appendix C for the photo elicitation interview protocol.

Each family was asked to provide copies of the photographs they had shared during the interview. Of the 11 families interviewed in person, four families texted or emailed their photographs to the researcher following the interview. All seven families interviewed over the phone sent their photographs via text message or electronic mail prior to the scheduled phone interview. The number of photographs families shared ranged from three to 18 and included photographs that were taken prior to their participation in the study as well as photographs taken specifically for the purpose of the current study. The families signed a consent form prior to beginning the interview that outlined what could be done with their photographs should they choose to share them (see Appendix D). Options included using the photographs within

manuscripts that would be submitted for publication to journals and at presentations at professional conferences. If families gave permission to use their photographs for these purposes, they could choose whether all of the shared photographs could be used or only those that did not include their children. All participating families received a \$50 Amazon™ gift card to thank them for their contribution to the study (see Appendix E: Amazon™ Form for Photo Elicitation Participants).

Focus group. Following the photo elicitation component of this study, focus groups with Head Start Family Service Workers were conducted to serve two main purposes. The first purpose was to explore their perceptions of how they build effective collaborations with Head Start families caring for young children with developmental delays or disabilities. The second purpose was to find out if they felt photo elicitation could be an effective strategy for getting to know the families they serve on a more personal level, and if they might consider using this strategy in the future. In order to accomplish this second goal, the concept of photo elicitation including the process, benefits, and potential limitations was described prior to the start of each focus group.

The focus groups conducted for this study were each comprised of Head Start Family Service Workers that came from the same Head Start program. Organizing focus groups in this manner allowed the focus to be on that particular program's policies and procedures with an emphasis on how the Family Service Workers supported effective collaboration with families caring for young children with developmental delays or disabilities. Upon arrival at the focus group, participants signed a consent form indicating their willingness to participate (see Appendix F). Facilitators then explained the basic ground rules for participation. Examples of these rules included having only one speaker at a time and being respectful of other's opinions

and experiences. The focus group protocol can be found in Appendix G. Each participant received a \$50 AmazonTM gift card to thank them for their participation (see Appendix H: AmazonTM Form for Focus Group Participants).

The focus group conducted in the Midwestern state was facilitated by two graduate research assistants. While one facilitated the discussion, the other took notes related to key themes and interactions between focus group participants. As only one research assistant had experience facilitating focus groups, they were each provided with training on how to serve as successful focus group facilitators. This training consisted of a discussion of the basic “rules” for facilitating focus groups. These rules included adhering to the protocol while still allowing for a free-flowing conversation that could lead to the collection of unanticipated data (Ryan, Gandha, Culbertson, & Carlson, 2014), doing periodic member checks in order to ensure that she was accurately interpreting the meaning behind what participants were sharing (Bart, Scott, Cavers, Campbell, & Walter, 2016), and actively attempting to include all focus group participants through both her speech and body language. For example, smiling at or making eye contact with focus group participants that were not sharing as often as others and using phrases such as, “Ok, I’ve heard some say . . . Does anyone else want to elaborate on that or provide their own example?” This last strategy was especially useful if one or two focus group participants monopolized the conversation. Following their facilitation of the first focus group, a fidelity check was completed by reviewing the audio recording and ensuring that the focus group protocol was adhered to and that the basic guidelines for facilitating focus groups were followed.

The focus groups in the Southern state were facilitated by the researcher who has been trained to conduct qualitative research via coursework and participation in intensive qualitative research camps with experts in the field of qualitative data collection and analysis. All three

focus groups held in the Midwestern and Southern states were audio recorded using a digital recorder and were transcribed by an independent, professional transcription service.

Focus group questions examining perceptions of how Head Start Family Service Workers build effective collaborations with Head Start families caring for young children with developmental delays or disabilities were based on the *Family and Provider/Teacher Relationship Quality (FPTRQ) Family Services Staff Measure* (see Appendix I). This tool was developed by the Administration for Children and Families' Office of Head Start and the Office of Planning, Research, and Evaluation in 2014 to assist in evaluating relationships between families participating in Head Start and the professionals tasked with supporting them. The *FPTRQ* measure was piloted and field-tested with various early childhood education programs from across the United States. As cited by Porter, Bromer, and Forry in the Office of Planning, Research, and Evaluation Report (2015), data indicate high internal and external reliability.

Four main constructs, Attitudes, Knowledge, Practices, and Environmental Features, measured in the *FPTRQ* have been determined to play a role in the successful facilitation of relationships with families leading to greater engagement and are described in detail below (Porter et al., 2015). Therefore, the focus group protocol (see Appendix G: Focus Group Protocol) was designed around these four constructs. Figure 1 below describes how the four research questions are aligned with the study measures, namely the photo elicitation interviews and the focus groups based primarily on the *FPTRQ*.

Research Questions	Measures						
	Demographics	Attitudes	Knowledge	Practices	Environmental Features	Photo Elicitation Interview Protocol	Focus Group Protocol
RQ 1: What strategies do families report their Head Start Family Service Workers use to learn about what it is like to care for a child with a disability?		X	X	X	X	X	
RQ 2: What are families' perceptions regarding the use of photo elicitation as a way to "tell their story" to Head Start Family Service Workers?						X	
RQ 3: What strategies do Head Start Family Service Workers report they use to engage families in "telling their story" about caring for a child with a disability?	X	X	X	X	X		X
RQ 4: What do Head Start Family Service Workers perceive are the benefits and barriers to using photo elicitation as a strategy for learning families' stories?							X

Figure 3.1. Research question and measure alignment.

Demographics. Focus group participant demographics included 17 questions in which they identified their gender, age, race, ethnicity, location, education level, number of families currently served, number of Head Start centers currently served, years of experience in the field, years of experience at current Head Start centers, number of personal children that participated in Head Start, professional credentials earned, trainings that support their work with families, and reasons for maintaining employment as a Family Service Worker (see Appendix B: Family Service Worker Demographic Information). These variables were targeted to describe the sample as well as serve to provide insight into potential factors that could impact collaborations.

Attitudes regarding collaboration. In order to identify factors that support collaboration between families and Head Start Family Service Workers, it was important to examine attitudes related to such relationships. Within this context, attitude refers to “provider/teacher beliefs and values that inform their work with families” (Porter et al., 2015, p. 9). Focus group participants responded to questions that addressed how their attitudes related to supporting families caring for young children with developmental delays or disabilities impact respect, commitment, openness to change, and understanding families.

Knowledge of individual families caring for young children with disabilities. For Head Start Family Service Workers to be able to appropriately support families caring for young children with developmental delays or disabilities, it is imperative that they have a basic understanding of that family’s concerns, priorities, family composition, access to resources, etc. The focus groups delved deeper into how Family Service Workers obtained personal, but relevant, information that assisted with the development and implementation of family priorities and goals for their children. Specific questions included, “What types of specific information do you try to learn about families (e.g., family composition, financial considerations, access to formal/informal support networks, cultural or religious practices, understanding of child development, etc.)?” and “What have you done to help them feel more comfortable sharing personal information with you?”

Practices that support collaboration. The *FPTRQ Family Services Staff Measure* addresses five practices including communication, responsiveness, collaboration, connecting to services, and family-focused concern (Porter et al., 2015). Family Service Workers had the opportunity to provide insights on specific practices they implement in order to facilitate effective collaborations with Head Start families caring for young children with developmental

delays or disabilities. Furthermore, the focus groups allowed participants to share examples of facilitators and barriers related to practices that they employ with families.

Environmental features that support collaboration. Family Service Workers had the opportunity to share their perspectives of how environmental features including welcoming, communication systems, culturally diverse materials, information about resources, and peer-to-peer parent activities impacted their ability to effectively collaborate with the families they serve. In order to determine the extent to which Family Service Workers had the skills to utilize environmental features, they were asked “What types of professional development training have you participated in to better understand the diverse families you may encounter?”

Data Analysis Plan

Qualitative data collected through photo elicitation interviews and focus groups were audio recorded using a digital recorder and transcribed by an independent, professional transcriber. Transcriptions were used to create a “working” code book (Taylor & Bogdan, 1998). The first iteration of the photo elicitation interview code book included a priori codes based on the research questions. For example, two main themes included in the first iteration were “Strategies that Head Start Family Service Workers Used” and “Family Perceptions of Photo Elicitation.”

Prior to starting the coding process, qualitative data analysis strategies outlined by Maietta and Swartout (2015) were implemented which included completing a “free read” of each transcript without highlighting or making any notes. This supported the researcher’s ability to remember specific aspects of the photo elicitation interviews and focus groups she had conducted while becoming familiar with data stemming from the focus group she did not facilitate. Second, each transcript was read a second time with “power quotes” pulled out for

further exploration. These quotes were managed within a document that included a brief description of why the quote felt “powerful” as well as additional questions that needed to be answered. These notations began the initial stage of creating analytic memos identifying potential codes for further exploration.

The third step was to begin coding the data. The coding process was an ongoing endeavor as data were collected and new themes emerged. Procedures outlined by Saladaña (2013) were followed when coding. For the first coding cycle, descriptive coding techniques were used. Descriptive coding provides a description of the general topics being discussed without delving into the meaning or substance of the topic. Descriptive coding leads to a “categorized inventory” (p. 89) of all the topics covered during the focus group. Specific codes and corresponding passages were then selected for further analysis in order to answer the research questions.

The second coding cycle was completed via axial coding. Boeije (2010) explains that the purpose of axial coding is “to determine which [codes] in the research are the dominant ones and which are the less important ones . . . [and to] reorganize the data set” (p. 109). Axial coding was used to reduce the initial codes that emerged from the descriptive coding process in order to organize them into conceptual categories or codes (Saldaña, 2013). Analytic memos were expanded upon to document conceptual categories that emerged highlighting initial thoughts, reflections on the meaning of the data, questions that warranted further exploration, and direct quotes that spoke directly to the larger concept or theme.

Team-Based Data Analysis

The data analysis process was a team effort lead by the researcher. According to Macqueen and Guest (2008), within team-based qualitative research, “team members need to listen to, question, and challenge each other” (p. 5). The researcher (i.e., primary investigator of

this study) benefitted from a team capable of supporting efforts to establish trustworthiness and credibility. Throughout this process, guidelines outlined by Macqueen, McLellan-Lemal, Bartholow, and Milstein (2008) were followed for developing and refining the code book. They recommend that one or two members assume responsibility for developing the initial code book. In this study, the researcher took the lead to accomplish this task, following the process described above.

For the next step, the research assistants were provided with the first 10 transcripts to review along with a draft of the code book including the research questions. Again, since one research assistant was new to qualitative research, she was provided with additional support to understand the data analysis process. For example, she was instructed to first read through the transcripts to familiarize herself with the content and to highlight recurring ideas or themes keeping in mind the research questions. Next, the research team reviewed the initial code book focusing on definitions as well as examples and non-examples. Once she felt confident in how to begin identifying codes based on the code book, the team began hand-coding each of the 10 transcripts documenting potential codes.

Macqueen et al. (2008) then recommend that team members agree on the “scope and level of detail” for the code book (p. 127). This process required multiple conversations as the team worked to determine the appropriateness of identified descriptive codes all the while determining which codes were significant, which only appeared once or twice, and which codes should be collapsed. The end result of these conversations was a code book that included theme names and definitions, code names and definitions, and quotes describing examples and non-examples (see Appendix J: Code Book for Photo Elicitation Interviews).

All 18 photo elicitation interviews were then coded in NVivo®, a coding software used for data management. During this process, the researcher and one research assistant independently coded each transcript using the refined code book as guidance. Once coding was completed, the research assistant ran a query within NVivo® to determine the level of agreement for each theme, code, and sub-code. It should be noted that it is difficult to ascertain the appropriate way to establish inter-rater reliability within qualitative research. Hammer and Berland (2014) contend that some qualitative researchers criticize calculating inter-rater reliability as their work is often based on constructivist theories. Lincoln and Guba (2000) elaborate on this argument by highlighting the fact that constructivism requires a level of subjectivity that renders it impossible for qualitative researchers to determine with absolute confidence that decisions related to coding are accurate.

Regardless of the aforementioned challenges, the research team independently coded each transcript and then engaged in extensive discussions to reach agreement that met, at a minimum, 95% agreement. Coding for agreement was selected as the method to determine intercoder reliability because the “variety of viewpoints and experiences among the team members may help unravel the complexities and ambiguities of the data” (Hill et al., 2005, p. 197). Furthermore, Campbell, Quincy, Osserman, and Pedersen (2013) contend that intercoder agreement supports data analysis when one team member may have more knowledge of the topic; therefore, engaging in discussions may support the team’s understanding leading to greater agreement. After reviewing the NVivo® query reports, the researcher and research assistant engaged in further dialogue for each theme, code, and sub-code that did not meet the minimum requirement of 95%. In these situations, the highlighted passages within the transcript were reviewed in context followed by a discussion of why passages had been coded in that manner.

Next, the definitions, examples, and non-examples outlined in the code book were reviewed to determine if that particular passage should be re-coded. These subsequent conversations resulted in final intercoder agreement falling between 95.19% and 100%.

In the final step, the second research assistant coded six transcripts for agreement. In order to accomplish this task, she was instructed to randomly select one of the 18 transcripts and then code every third transcript thereafter. After completing her coding, the first research assistant ran another NVivo® query. Ultimately, the research team's agreement fell between 95.41% and 100%.

The process of reviewing and coding focus group transcripts followed a similar process. The first step was to engage in a “free-read” of each transcript in order to develop an initial working code book based on the two research questions. The two research questions that focused on Head Start Family Service Workers included strategies they reported using to build effective collaborations with families caring for children with developmental delays and disabilities as well as their perceptions of the photo elicitation process. Initial a priori codes were based on these two questions, with the “strategies” question broken down into codes stemming from the four constructs outlined in the *FPTRQ* (i.e., attitudes, knowledge, practices, and environmental features). Furthermore, the coding strategies outlined by Saladaña (2013) to identify descriptive codes followed by axial codes were implemented.

Following these initial steps, the three focus group transcripts and the working code book were shared with the research assistants. Both research assistants read each transcript to identify codes and sub-codes based on the research questions. The research team then engaged in conversations going through the first transcript page by page in order to come to agreement regarding the codes that carried the most significance and collapsed codes without losing their

overall meaning. Next the research team coded each transcript in NVivo® using the collectively determined code book as guidance. As with the photo elicitation interviews, the first research assistant ran an NVivo® query to determine the team's level of agreement with a goal of reaching a minimum agreement of 95%. After independently coding and engaging in conversations regarding the codes and sub-codes that did not meet this requirement, the research team reached agreement that ranged between 85.76% and 100%. The research team engaged in conversations regarding the codes and sub-codes that did not initially meet the 95% threshold. The process of coding for agreement including conversations as well as a review of the code book led to final agreement that ranged from 95.05% to 100%. The final code book for the three focus groups is located in Appendix K.

Assessing Data Quality

In order to ensure that data were accurately captured, strategies to aid in the establishment of trustworthiness of study findings were utilized (Taylor & Bogdan, 1998). One method of establishing trustworthiness was through member checks. Member checks were conducted routinely throughout photo elicitation interviews as well as during focus groups. For example, the focus group facilitators stopped periodically to provide a brief summary of the conversation and asked if they heard the participant(s) correctly or if they were misinterpreting the intended message. Additionally, the primary contact person for each focus group (i.e., the individual who assisted with confirming date, time, and location and communicating this information to the Family Service Workers) was provided with a brief written summary of the conversation via email. These individuals reviewed the summary and indicated whether or not the summary accurately depicted their recollection of the main themes addressed during each

focus group. All three focus group participants who were contacted for member checking purposes responded and shared that the overall messages were captured accurately.

Other methods used to establish trustworthiness included: (a) multiple sources and (b) multiple methods (Guba & Lincoln, 1985). The use of multiple sources, which included both Head Start families and Head Start Family Service Workers across the two target states allowed for variation in experiences and perspectives. Using multiple sources allowed for a comparison of responses and identification of codes (i.e., themes) that emerged from photo elicitation and focus group participants.

A second triangulation strategy utilized was the use of multiple data collection methods. According to Carter, Bryant-Lukosius, DiCenso, Blythe, and Neville (2014), individual interviews support the procurement of “rich information about personal experiences and perspectives” (p. 545) while allowing for flexibility and responsivity to each participant’s specific needs. Conversely, focus groups are beneficial when the goal is to elicit data that might not be obtained outside of a group context. Within the focus groups conducted in this study, participant interaction was key. Participants shared their perceptions of shared experiences and elaborated on what others shared (Carter et al., 2014). Findings from all data collection sources were compared and contrasted to identify themes, therefore increasing confidence that the data was trustworthy. Guba and Lincoln (1985) stated, “Once a proposition has been confirmed by two or more measurement processes, the uncertainty of its interpretation is greatly reduced” (p. 306).

Protection of Sensitive and/or Confidential Information

This study received Institutional Review Board (IRB) approval (see Appendix L: IRB Approval). Participants’ personal information was not connected to their responses in any

manner. Informed consent was obtained prior to participation for both the photo elicitation component and focus group portion of the study. Participants were informed that they could terminate their participation at any point. All data were maintained in password protected electronic locations (e.g., research team's professional computers) and locked cabinets in the lead researcher's office. Furthermore, an external hard drive was purchased to store photographs provided by families and was kept in a locked cabinet.

Researcher Reflexivity

I recognize that as a researcher, I carry my previous experiences and biases into my work. I have over 19 years of experience working in the fields of early childhood/early childhood special education and early intervention as a teacher, service coordinator, and developmental therapist. Furthermore, I participated in early intervention with my son for the first 18 months of his life due to developmental delays resulting from his premature birth. As a result of these collective experiences, I have a vested interest in ensuring that early childhood/early childhood special education professionals work collaboratively with families, and that families' voices are heard. Although I no longer work directly with families receiving early intervention/early childhood special education services, I maintain personal relationships with families I have supported in the past, and I maintain professional relationships with many early intervention/early childhood special education professionals. To prevent any bias or misinterpretation from skewing data collection or analysis, I sought out assistance from research assistants and committee members as needed.

Chapter 4

Results

The results are organized to address the two themes derived from the overarching purpose of the study. First, results related to strategies used by Head Start Family Service Workers to learn families' stories, as reported by both participating families and Family Service Workers are described (Theme 1). Second, results related to perceptions of Head Start families and Family Service Workers regarding the potential effectiveness of photo elicitation as a strategy to enhance family engagement are described (Theme 2). Figures A3 and A4 (Appendix A), respectively, depict the themes and subsequent codes derived from the photo elicitation interviews and focus groups. The 151 unique statements from the 18 photo elicitation interviews yielded a total of six codes (four codes under Theme 1 and two codes under Theme 2). An additional six codes (four under Theme 1 and two under Theme 2) based on 595 unique statements emerged from data generated across the three focus groups with Family Service Workers. All 12 codes are described in detail below.

Families' Perceptions of Strategies Used by Family Service Workers

During the photo elicitation interviews, Head Start families were asked to identify specific strategies their Head Start Family Service Workers used to learn their story of what it is like to care for a young child with a developmental delay or disability. Specifically, each participating family was asked: (a) What has your Head Start Family Service Worker done to get to know your family, and (b) Do you believe these strategies have been effective? Why or why not? An analysis of the interview transcripts resulted in the identification of four codes or key strategies used by Family Service Workers, as reported by family study participants including,

(a) *Building Rapport*, (b) *Conducting Home Visits*, (c) *Exceeding Expectations*, and (d) *Enhancing Communication*.

A common thread connecting each of the four codes is the idea of building meaningful relationships. It was clear from the families' stories that when Family Service Workers effectively employed these key strategies, it led to the formation of positive relationships where they felt more closely connected to each other, and that allowed Family Service Workers to get to know Head Start families in a meaningful way. Therefore, in discussing the results, the manner in which each of the identified codes or key strategies served to support the formation of meaningful relationships between Head Start families and their Family Service Workers are described.

Building Rapport: “Would you like to hear our story?” The majority of Head Start families in this study described *building rapport* with their Family Service Workers as the first step to developing a meaningful relationship. The code *building rapport* was defined as any discussion related to how Family Service Workers engaged in positive interactions that focused on the child or the family unit as a way to get to know them. These interactions included Family Service Workers gathering information from families, engaging with them through informal conversations, and respecting their preferences and life choices.

A primary responsibility of Family Service Workers, regardless of where the service is being provided (i.e., home-based or center-based) is to assist families in identifying individual goals, strengths, needed services, and support systems as well as developing strategies and timetables to achieve self-determined goals. In order to effectively accomplish these tasks, it is imperative that Family Service Workers have a clear understanding of *who* the family is. As such, the task of gathering information was one aspect of *building rapport* that families

described, with the completion of required paperwork identified as a formal method of learning their families' stories. Families shared specific information with their Family Service Workers, including basic demographic information such as family composition, education level of parents, employment status, involvement with child protective services, presence of a disability, and formal and informal support systems.

Several of the families also identified informal (i.e., personal) ways their Family Service Workers used to get to know them. For example, a few families described how their Family Service Workers took time to engage in conversations with them about daily events. One mother shared, "Our first couple meetings we just kind of chitchatted, and we still kind of chitchat about my . . . what's going on in my life and stuff like that." Other mothers spoke about how their Family Service Workers worked to ensure that they have accurate information about their families. One stated, "And she was really into making sure she got everyone's names right." Another shared, "She wanted to know which kid had what issues." Although these questions were addressed in the Family Assessment booklet that Family Service Workers completed with each family, families who shared these examples walked away from their interactions having felt as though this basic information truly mattered to their Family Service Workers. It was more the manner of *how* the information was collected than the information itself that resonated with families.

A few families also shared how important it was that the Family Service Workers respected them and how they chose to live their lives. One mother explained that the adults in their home were "gamers," who enjoyed playing video games together. A photograph she showed was of her 18-month old son holding his own controller pretending to play a video game next to his father. She acknowledged that this pastime often led to them spending too much time

inside their home. Although she shared that gaming is an activity her children will grow up being exposed to, she also said that her Family Service Worker supported her by, “Making sure that we don’t stay inside all the time and actually go outside. Because that’s a big problem that we have sometimes, is that we don’t . . . we want to stay inside and game or watch TV.” In general, while families appreciated the support they received from their Family Service Workers, they reported a stronger connection (i.e., relationship) with their Family Service Workers when they felt they were not being judged on their life choices or how they were raising their children.

Conducting home visits: “Welcome to our home!” Families described the benefits of *home visits* that were sensitive to their individual needs and concerns as another strategy for getting to know them. *Home visits* in this context comprised of face-to-face meetings between families and Family Service Workers that occurred in a natural environment outside of Head Start centers (e.g., home, family member’s home, library, park, etc.). In this study, only planned (i.e., scheduled) face-to-face meetings were included under the *home visit* code. For example, although some families reported engaging in brief, spontaneous face-to-face interactions with their Family Service Worker when they volunteered at the center or attended parent committee meetings, these interactions were not considered *home visits* as they were generally more informal in nature and often occurred in passing.

Multiple families shared that one way Family Service Workers built meaningful relationships with them was by being flexible when they scheduled *home visits*. These families spoke of having “crazy, busy schedules” due to numerous medical appointments as well as therapy sessions such as physical or occupational therapy. Others spoke about their irregular work schedules with one mother sharing:

She also has worked well with me going back to work. She . . . because we work in the mornings at 10 am and with my schedule now, she switched it [home visit] to the

afternoons if we need to. She's very easy to work with like that and I can call her at the last minute and tell her something's come up and, "No problem. No problem. We'll figure it out."

Another mother explained that when she experienced complications with her pregnancy, her Family Service Worker took time off from *home visits*. The mother appreciated not feeling pressured and shared that they worked on making up all the missed *home visits*. All the families valued the fact that their Family Service Workers were willing to work around their often-changing schedules in order to build and maintain meaningful relationships with them.

Another aspect of *home visits* that served to support the Family Service Workers' knowledge of who the family was revolved around what occurred during the *home visits*. For example, the mother who disclosed her family's tendency to spend extended amounts of time playing video games spoke of how her Family Service Worker brought different games to "try and help get him (child) motivated" to engage in less preferred activities. She went on to explain:

It was very good because she brought different things to see. She gave him choices to try and figure him out, like what he liked and how he would react to stuff. That was pretty nice instead of just saying, "Oh, this is what he needs to do this time." She gave him choices.

Multiple mothers spoke to the informal nature of their *home visits*. While the Family Service Worker may have had a goal in mind they wanted to address or had activities planned for their children, they enjoyed the personal approach the Family Service Worker used. They spoke of just talking, which supported their ability to open up over time. Additionally, several mothers spoke of how their Family Service Worker actively included all of the family members who were present; the *home visit* was not simply focused on the child enrolled in Head Start.

In sum, families noted how *home visits* were a mechanism that enhanced families' personal interactions with their Family Service Workers and led to the families feeling more connected with their Family Service Workers. These interactions that occurred during *home*

visits not only supported their child's growth and development but also provided families with opportunities to share what was going on in their lives.

Exceeding expectations: “You didn’t have to do that.” Several families spoke of interactions with their Family Service Workers that went *above and beyond* what they expected from them. These families described instances when Family Service Workers went *above and beyond* by providing them with supports and resources that benefitted their families. Families noted helpful resources such as information regarding food pantries, clothing drives, or organizations that provided Christmas presents for low-income families. One mother shared:

She’s the one that always gives me the head up like if she hears of any ways that I can make extra money or any odd jobs that John can do, she’ll either send me a text or she’ll swing by and be like, “Hey, I didn’t want to say this up there because I didn’t want parents thinking that I have favorites, but you guys have so many kids and I know you could use the extra.”

A grandmother shared how her Family Service Worker found a weighted blanket for her grandson to help with his sleeping. While another mother discussed how her Family Service Worker sought out resources “on her own time.” For example, she shared that she was not financially stable when she found out she was pregnant with her daughter. Her Family Service Worker found information that relieved some of the financial stress she felt. The fact that her Family Service Worker found these resources made her feel like, “Wow, you know, she’s really trying to help us out here.”

A family of multiples spoke of support they received from their Family Service Worker that went *above and beyond* their job responsibilities. The mother shared that they have been involved with Child Protective Services and as such, were sometimes hesitant to share information about their family with strangers or to ask for help even from familiar individuals. When I met with the mother and father for the interview, they shared a picture of their 2-year-old

triplets buckled into their car seats. The mother shared that she was responsible for getting the triplets, along with their 6-month old sister, to school in the morning. Understandably, drop-off was typically hectic and potentially an unsafe time of the day when only one parent was available to unbuckle and escort four young children into a building “that’s locked down, that you have to have a passcode and a key to get into.” The mother, at times, called her Family Service Worker and asked for assistance to get the children safely into the center, especially if she was running late for work saying, “The fact that they’re willing to help me means more than anything really.” This couple shared that they have been concerned that they were going to be “hot lined” again for their “inability” to appropriately care for their children. This story highlights the level of trust that was necessary for a family who had experienced traumatic events to feel connected and secure enough in their relationship with their Family Service Worker that they willingly sought out the support they needed.

This sense of personal connection came up in another interview when a mother shared how her Family Service Worker drove by their house every day on her way to work. It became her and her daughter’s routine to stand outside their home to wait for the worker to drive by and honk so that her daughter could wave to her as she passed by their home. Again, the mother shared that the Family Service Worker did not have to do this every day, but the fact that she took the time to greet her daughter in this manner endeared her to the family. In general, although these actions might seem insignificant to many, the families viewed them as *above and beyond* what they expected from their Family Service Workers, which ultimately resulted in the formation of a meaningful relationship between them.

Enhancing communication: “I need you to hear me.” The final code that emerged from the family interviews was related to how Family Service Workers got to know them by

using effective *communication* strategies. Statements that were included under this code addressed the methods, purpose, and effectiveness of *communication*. Several families shared that their Family Service Workers used various methods to communicate with them including texts, phone calls, emails, and notes/letters sent home in their children's backpack. It is important to note that none of these methods of *communication* were viewed as being more or less effective compared to face-to-face *communication*. In general, families felt that their Family Service Workers were willing to communicate with them using their preferred method of *communication* which, in turn, supported the formation of meaningful relationships.

With regards to the purpose of *communication*, a few of the families reported feeling appreciative when their Family Service Workers followed-up with them after a stressful event such as a "major doctor appointment" to find out how it went and if the children were doing well. Family Service Workers also followed-up with families after providing them with information related to employment opportunities or resources (e.g., food banks, clothing rooms, or free medical/dental services) to determine if the family followed through with the referral. The families reported that these types of efforts by their Family Service Workers positively impacted their relationship.

Finally, families described how their relationship with their Family Service Workers were positively impacted when they felt as though they were truly being heard. One mother shared, "Some days, she comes here and I'm just having a bad day. She lets me vent to her, which I don't know if that's part of the But she does." Another mother shared:

Just the way that she talks to you and the way she handles herself and handles the problem that you're having at that time. She's just somebody that you can tell she's somebody you can talk to. Sometimes you can meet people and it's like, "Well, they're not listening to me. They're not paying attention to what I'm saying. They're not understanding." And you just get the feeling that, "Well, they don't even care."

The families who reported that their Family Service Worker truly *heard* them generally held a more positive view of their relationship and provided specific examples of how the Family Service Worker supported their family. For example, a grandmother explained that she and her husband became their 3-year old grandson's legal guardian after their son was incarcerated. She went on to share that she periodically took her grandson to visit his father in prison. She also shared that the Head Start program her grandson attended routinely accommodated volunteers who assisted in the classrooms. She later found out that her grandson often became upset when a male volunteer was present in his room. The volunteers wore uniforms that resembled prison uniforms and when her grandson saw this particular volunteer, he got excited and yelled, "Daddy!" but would then become upset when he realized he was mistaken. The grandmother asked the teachers several times to move this particular volunteer to another classroom, but to no avail. After she communicated her concerns to her Family Service Worker, the situation was promptly rectified. In this situation, the grandmother appreciated that the Family Service Worker *heard* her, understood the impact of the situation on her grandson, and quickly acted in order to support his social and emotional wellbeing in the classroom.

In sum, the families shared a variety of strategies that their Head Start Family Service Workers employed to learn their stories as a way of building meaningful relationships with them. Four key strategies that emerged from the photo elicitation interview data included *building rapport*, conducting *home visits*, acting in a manner that *exceeded their expectations*, and implementing effective and enhanced *communication* strategies. These four codes were intricately connected as they supported the formation of meaningful relationships between families and their Family Service Workers and allowed the Family Service Workers to really get to know the families. In the following section, codes that emerged from focus groups with

Family Service Workers who, from their perspectives, described strategies they used to learn the stories of Head Start families who cared for young children with developmental delays or disabilities are addressed.

Strategies Head Start Family Service Workers Reported Using

Head Start Family Service Workers who participated in one of three focus groups were asked to reflect on specific strategies they employed to learn about the families whom they supported. Questions posed to Family Service Workers were based on the *Family and Provider/Teacher Relationship Quality (FPTRQ) Family Services Staff Measure* (Appendices G and I) and included prompts related to the constructs of *Practices*, *Attitudes*, *Knowledge*, and *Environmental Features*. Therefore, these four constructs each became their own code.

Practices: “I am here to help.” Per the *FPTRQ*, the construct of *practices* addresses *communication, responsiveness, collaboration, connecting to services, and family-focused concern*. For the purpose of this study, any discussion that focused on (a) services or supports Family Service Workers provided to families; (b) strategies for building rapport in order to learn a family’s story; and (c) providing emotional support all fell under the umbrella code of *practices*.

Serving as a resource. When asked what strategies (i.e., practices) they used to support Head Start families who cared for young children with developmental delays or disabilities, most Family Service Workers spoke of how they connected families with appropriate supports or resources. For example, several Family Service Workers explained how many of the families they served did not know where to turn for support. One Family Service Worker shared:

I think probably just helping them get the services that are available. As I said before, a lot of parents, especially if the children are newly diagnosed or are going through that process, they don’t know what’s available and what we can do as far as how they can come here [Head Start] and receive services.

A few Family Service Workers shared how families were often unaware that they were eligible to receive services through Head Start in addition to other community resources that provided social/emotional or developmental support. To ensure that those families accessed the supports they needed, Family Service Workers routinely talked to families about various community agencies and assisted them with completing the paperwork to access those services.

Some Family Service Workers also described how they connected families who were experiencing similar circumstances or whose children shared the same diagnosis. For example, when they worked with a family who was hesitant to access support services which led them to underutilize services, the Family Service Workers found a way to connect them with another family who felt the same way initially. They shared that having another parent versus a professional encouraging the family to proceed with services, even if the family was apprehensive, was often beneficial. One shared:

Simply because it's not another professional talking with, or at them. It is someone who is comparable to that parent, who has children, and they feel like, "Okay, what they're saying is real life," so they were able to connect with them instead of another professional.

Finally, many Family Service Workers strived to ensure that families had a full and accurate understanding of the Head Start program. Specifically, they shared with families the comprehensive nature of Head Start programs that considered both the child and family's needs. Furthermore, they explained how Head Start was not a child care. One Family Service Worker shared, "Some parents . . . if this is their first experience with Head Start, they're under the misconception that this is just daycare, and once they get to know Head Start and what all they do, it's a whole new world." Despite some challenges, the majority of Family Service Workers who participated in the focus groups described serving as a resource to families as one of their

primary roles which helped them build meaningful relationships with families which resulted in increased collaboration.

Building rapport. The majority of Family Service Workers in this study described specific strategies they used to *build rapport* with families in order to “learn their story” about what it took to care for a child with a disability. To *build rapport*, Family Service Workers discussed how they were responsive to families’ needs, identified and used family’s strengths, shared their own personal experiences, conducted home visits, and supported families through the enrollment process.

First, to *build rapport*, Family Service Workers needed to be responsive to each families’ individual needs and to slowly develop a relationship with each family. To *build rapport*, Family Service Workers often first focused on the child and engaged in affectionate, nurturing interactions with the child. Several Family Service Workers felt that families were more inclined to open up to them after they witnessed the positive relationship that Family Service Workers established with their child. One Family Service Worker shared, “I don’t know how y’all do it, or if you do it, but when a parent sees you interacting with their child, then that makes them more likely to have trust.” Some Family Service Workers described how they spent time in the children’s classrooms or stood in the hallways during drop-off and pick-up so that they could interact with the children, and in turn, with their families. Another shared, “If they see you love their child, and you’re interested in their child, then they’re going to be more likely to form a bond with you.”

Responsiveness also meant being aware of a family’s cultural background. A few Family Service Workers took it upon themselves to keep families informed when religious holidays were celebrated (i.e., Christmas) so that families who did not celebrate the holiday felt

comfortable keeping their child home that day without fear of being reprimanded for their absence. Another example of rapport building was when Family Service Workers reached out to families who did not eat pork for religious or dietary reasons so that the family could either send in an acceptable substitute when pork was on the menu or so that the Family Service Workers could communicate with the cook to provide an alternative meal.

The idea of responsiveness applied to differences in gender as well. The one male Family Service Worker who participated in this study shared his experience of how he connected with fathers. While not a father himself, he described how some fathers were more inclined to interact with him rather than his female counterparts. He described how he used his own interests in sports and shoes (i.e., Nike Air Jordans™) to connect with fathers. He noted that after he engaged in what seemed like trivial discussions on these topics, the fathers were more likely to interact with him.

Second, to *build rapport*, many Family Service Workers described how they recognized and utilized families' strengths. In particular, one Family Service Worker described how she had a "stronger base for working with the families" when she focused on positives. While most Family Service Workers sought out opportunities to utilize families' strengths, they acknowledged that, at times, they first had to help families recognize their own strengths. For example, a Family Service Worker shared:

So the family may think they have no strengths, but you're gonna say to them, "You're bringing your child here every day. You're participating in the family activities. You're obviously concerned about your child." They might say, "Well, you know, I've got an older car." "Well, the fact that you have a car, the fact that you have a license, that you have insurance, all of those are strengths."

Third, to *build rapport* several Family Service Workers engaged in informal interactions and shared their personal experiences with families. Two Family Service Workers in this study

disclosed that they themselves were the parents of children with disabilities. They shared their personal stories with families to provide them with comfort or peace of mind. A Family Service Worker who is the parent of a child with autism told families who were reluctant to enroll their children in Head Start how her own son attended Head Start. She shared, “My baby came here. If I’m going to trust my child to come here, then You know?” The other Family Service Worker who cared for a child with disabilities talked about how she often shared details regarding her experiences of receiving support from community agencies such as Easter Seals. While these two Family Service Workers felt comfortable sharing their story to *build rapport* with families, others indicated their hesitation. One Family Service Worker shared that as a social worker she was trained to not share about herself; therefore, she was, “still navigating and trying to find the balance” between using personal experiences as a starting point to *build rapport* while maintaining a strictly professional relationship.

Fourth, many Family Service Workers believed that conducting *home visits* was a beneficial strategy to *build rapport* with families who had a greater number of risk factors or required more intensive support. Interestingly, the practice of conducting *home visits* was not consistent across Head Start programs. One Family Service Worker shared:

The thing about our job is we can do as many home visits as needed. A lot of it is going to vary from family to family. There are gonna be some families that you’re never ever gonna have to go see because they’ve got everything handled.

The Family Service Workers from one particular Head Start program explained that it was generally the responsibility of Head Start teachers to conduct *home visits* since they spent time with the child on a daily basis. However, for families who cared for a child with a disability, Family Service Workers found it helpful to attend *home visits* with the teachers to show the family that they were fully supported by the entire center staff.

Although not all Family Service Workers conducted *home visits* as a routine part of their job, many recognized the value in doing so, especially with families who cared for children with disabilities or those who demonstrated more risk factors. In general, they found *home visits* to be a beneficial way to *build rapport* with families, not only to learn their stories, but also to gather informal information regarding potential supports families could benefit from.

Finally, several Family Service Workers spoke about the paperwork completed for enrollment in Head Start and how they used this opportunity to build rapport with families. Many Family Service Workers expressed frustration with the amount of paperwork that families were required to complete. They felt that the intrusiveness of the process impacted their ability to build rapport with families. One Family Service Worker described the paperwork at the beginning of the year as being “ridiculous,” especially for those families experiencing personal challenges. She described how some families were frustrated when their time was wasted on completing paperwork that took them away from immediate concerns such as finding ways to pay their bills. Another Family Service Worker told families, “It’s just a lot . . . because we have to do our job, but at the same time, our heart is to . . . Well, my heart is to help you in any way that I can, but I hate the paperwork just as much as you do. I’m sorry.”

To address this concern, many Family Service Workers shared how they explained to families, in detail, the purpose for each of the forms. For example, instead of starting the conversation with, “I need you to answer these questions,” they said, “This will help me assess any needs you have so that I can help you.” They found that when they explained to the families how the information collected on each form led to their ability to support them in a specific way, families were more willing to complete the process.

Provide emotional support. A final strategy or practice several Family Service Workers reported using as a way to get to know families' stories was by *providing emotional support* to those families struggling with accepting their child's differences or diagnosis while navigating appropriate services. A few of the Family Service Workers described this as a way to "meet the family where they are." These Family Service Workers recognized that a disability not only impacted the child, but the family unit as a whole; therefore, they provided additional support to families who struggled with dealing with a disability. One Family Service Worker shared, "It's scary, and a lot of times it's hard for the parents to accept that their child might, or does have, a disability. So having someone with them by their side, walking them through it."

In sum, the Family Service Workers in this study described several *practices* they used to learn the stories of the families they were tasked with supporting. These *practices* included serving as a resource, building rapport, and providing emotional support. The FPTRQ also included constructs that focused on *attitudes*, *knowledge*, and *environmental features* that impact family-professional relationships, which are described next.

Attitudes: "I'll leave my judgment at the door." The construct of *attitudes* in the *FPTRQ* specifically addressed *respect*, *communication*, *openness to change*, and *understanding context*. In this study, any discussions that described how the Family Service Worker reserved judgment and showed respect simultaneously to all families was coded under *attitudes*. Several Family Service Workers described situations when they suspended stating personal and/or professional opinions on certain child-rearing practices or lifestyle choices that differed from the families' practices and beliefs. They shared examples of parents disciplining their children using corporal punishment (i.e., spanking) which went against their personal and professional beliefs

on how young children should be disciplined. One Family Service Workers shared that she, “took myself out of the equation,” and instead listened to the family. Another shared:

You just have to stay professional and not let your views come out. You just have to listen and respect their views of parenting styles because you’re not. . . . Besides your partner, everybody’s not going to have the same thing, and we’re not here to tell them how to be a parent. We’re helping them be a parent.

While not all Family Service Workers felt comfortable suggesting alternative forms of discipline, they recognized the need to watch for “red flags.” Some participants spoke of being a mandated reporter and contacted Child Protective Services when concerns regarding abuse or neglect arose. In general, however, Family Service Workers simply “smiled and went about their business.” One Family Service Worker shared, “It’s not our place to dictate how they parent their own kids, because as a parent, I wouldn’t want somebody that I didn’t know going, ‘You need to do this’ You don’t live with them. It’s not your child.”

A few of the Family Service Workers spoke of times when families were in denial or refused to obtain a diagnosis for their children. While they were hesitant to push the family too hard to seek out supports for the child, Family Service Workers recognized that, “Sometimes they’ve alienated everybody in their family. There’s nobody else that can help them. And it’s not for us to judge that; it’s to say, ‘What can we do?’” Instead of judging families, some Family Service Workers found it helpful to simply, “break it on down right here, because we have to get some type of conclusion on how we’re gonna fix this problem.” These Family Service Workers talked with families about the future and how children benefit from receiving the appropriate support services during their early years rather than waiting until later when their disability or challenging behaviors were more pronounced. This strategy spurred some families to access services for their children even if they were initially hesitant to do so.

An interesting aspect of the discussion addressing *attitudes* related to disability came from a pair of Family Service Workers who were not parents themselves. One shared, “I’ve always had the perspective, if you’ve never been in that situation, how do you know what you would do? Because you just can’t. You can think of what you might do, but there’s no way of really knowing.” Another Family Service Worker discussed how not being a parent herself was a disadvantage. She shared:

To us, it’s like, why wouldn’t you want your child to have services? But I really don’t know. If somebody came to me and said, “Your child has this, this, and this,” would I say, “Oh, okay, well what do I need to do?” or would I say, “No, you’re wrong, sorry.”

It was apparent, especially for these two Family Service Workers, that it was important to reserve their judgment and defer to the families’ choices. Many Family Service Workers shared that families were open to revisiting the idea of making appropriate referrals after a deeper relationship or rapport had been established.

Knowledge: “Will you share your story with me?” The *FPTRQ* construct of knowledge was related to gathering family and child-specific knowledge which was vital to learning a family’s story. In the context of this study, discussions focused on the *types* of information Family Service Workers were required to gather on families as well as *how* they gathered this information were coded as *knowledge*. Examples of what was coded for *knowledge* included specific child and family information such as birth/medical history, access to medical/dental services, disability or diagnosis, social history, family composition, employment, housing, drug/alcohol abuse, and parental education level. Specific tools that Family Service Workers used to gather such information included enrollment paperwork, the Family Assessment booklet, a parent collaboration form, and the Family Partnership Agreement.

Family Service Workers were responsible for gathering information that provided a comprehensive picture of the family, their strengths, concerns, priorities, and access to both formal and informal support services. Many of the Family Service Workers in this study described how that within the first 45 days of enrollment, developmental information on the child was acquired using the Ages and Stages QuestionnaireTM. The Family Assessment booklet was a separate questionnaire that focused on a family's living arrangements, educational attainment, access to medical and dental services, whether the child had an IFSP or IEP, among many other questions. One Family Service Worker described how the framework provided valuable information regarding who was important in the child's life, "I think it is important for us to know, not necessarily know every detail, but who's involved, who their support system is or the people they can get help from."

The *knowledge* acquired through these various information gathering tools supported Family Service Workers as they completed a Family Partnership Agreement with each enrolled family. The Family Partnership Agreement is outlined in the Head Start Program Performance Standards and is conducted early in the relationship to assist families with identifying goals, which was reported to be a challenging task for many families. Family Service Workers became adept at pulling together all of the information they gathered through formal and informal means to create a comprehensive picture of a family's strengths and needs. One Family Service Worker shared, "You gotta just kinda put it together. And we're gathering. We're all about keeping notes and records, but a lot of the things. . . . It's not necessarily what you're writing down; it's what you're keeping up here and in here [pointing to her head and heart, respectively]."

Although gathering information regarding families' strengths, concerns, priorities, and access to supports was not always an easy process, Family Service Workers described how the

information they collected enabled them to learn families' stories, build meaningful relationships with them, and helped them [Family Service Workers] feel more confident that the supports they provided families were appropriate and beneficial. Although some families found the process intrusive, when Family Service Workers employed strategies that made the process meaningful to families, the families ultimately benefitted.

Environmental features: “We can learn from each other.” The final construct in the *FPTRQ* is *environmental features* which included organizational climate and resources and supports for Family Service Workers. Organizational is climate related to how Head Start Family Service Workers support one another as well as the formal or informal opportunities available to families to connect or learn a new skill or parenting strategy. Resources and supports for Family Service Workers included accessing professional development opportunities, participating in peer development days, networking with community organizations, or obtaining required credentials or degrees such as a Family Service Credential that enhanced their overall ability to support Head Start families.

Several Family Service Workers described how the organizational climate at their individual programs enhanced their ability to effectively support families. A common strategy described were parent events that focused on various topics of interest such as proper nutrition and developmentally appropriate discipline. Unfortunately, Family Service Workers noted that participation at these events was generally low. One Family Service Worker shared that out of 212 enrolled children in their program, only 15 caregivers attended their last parent event. They noted that possible reasons for low attendance included a lack of interest in the topic and conflicts with work hours. The only suggestion Family Service Workers shared to increase participation was to offer a small incentive to families, such as a gift card.

Another aspect of organizational climate Family Service Workers discussed was related to how they actively supported each another. Some of the Family Service Workers shared how they “partnered up” to conduct home visits if there were safety concerns. Others shared how they utilized each other’s expertise. One Family Service Worker who was fluent in Spanish often attended meetings or home visits to support bilingual families who were more comfortable communicating in their native language. Another example was how a Family Service Worker who had previously worked with public housing assisted colleagues who had questions related to eligibility for this service.

Several participants described opportunities to develop their competence and confidence in their role. Family Service Workers reported that they were required to participate in 12 hours of professional development training at the beginning of each year. Examples of training topics included social/emotional development, administering medication, Sudden Infant Death Syndrome, Shaken Baby Syndrome, and disability-focused topics.

Not surprisingly, professional development opportunities depended on an individual program’s training budget and access to trainings of interest. Not all Family Service Workers had the same opportunities to attend disability-specific trainings. Several shared how they would appreciate the opportunity to learn more about specific diagnoses (e.g., Down syndrome, autism, hearing loss, etc.) in order to increase their comfort level while talking with families about appropriate services. One Family Service Worker shared:

I can Google™ it. I can find out stuff, but I don’t know anything about it, so if we had just some development; the severities of it, the stages of it, the brain part of it, we could say, “Okay. I’ve had training on this so I can kind of educate [you] on this part.” If any of my kids were diagnosed with anything I would be lost. I would be like, “I don’t even know what that means.”

Other Family Service Workers shared their hesitation to speak to families about specific diagnoses other than on a basic or superficial level so that they did not risk sharing incorrect information.

Additional opportunities Family Service Workers described as supports included serving on community boards or committees. They noted that a benefit they gained by engaging in such opportunities was learning about local resources that could help their families. Some Family Service Workers attended Quality Enrichment Circle meetings hosted by their state's Head Start Association. These meetings allowed them to network with other Family Service Workers from around the state. One shared, "I feel like if I'm networking with other Head Starts across [the state], I gain a lot of insight on things that are going on outside of our little world that we are in." She explained how she gained valuable information from learning how other Family Service Workers supported families.

Finally, Family Service Workers gained additional knowledge by earning credentials that supported their work. Several Family Service Workers described the credentialing process for becoming a Strengths-Based Service Worker. To earn the Strengths-Based Service Worker credential, Family Service Workers completed 80 hours of direct instruction, developed a portfolio, and passed an exam. This training equipped them with ways to support families by identifying and utilizing their strengths. A participant who also supervised Family Service Workers shared that as of November 2016, all Family Service Workers were required to be hired with, or obtain within 17 months of employment, a Family Service Worker credential through the National Head Start Association. She noted that these additional education requirements ensured that all Family Service Workers received the appropriate training to effectively support Head Start families.

In summary, four primary codes emerged from focus groups with Head Start Family Service Workers including *Practices, Attitudes, Knowledge, and Environmental Features*. Based on constructs outlined in the *FPTRQ*, these codes encompassed various components known to impact the formation of effective collaborations between families and Family Service Workers. Participants described how building meaningful relationships with families enabled them to learn the families' stories which, in turn, supported their ability to engage in effective collaboration while providing appropriate services and supports.

Notably, Head Start families and Head Start Family Service Workers who participated in this study shared insights that were similar. They both described strategies that Family Service Workers used to get to know families in meaningful ways. Both groups highlighted strategies that contributed to building rapport, that focused on respecting families and the choices they make, that connected families to services and supports that addressed their individual needs, and by serving as a support either by truly *hearing* the family or "meeting the family where they are." While families and Family Service Workers may have described the strategies in slightly different ways, the message was the same; building a foundation where meaningful relationships can develop is key to getting to know families and learning their stories.

Perceptions of Photo Elicitation

The second overarching purpose of this study was to explore perceptions of the potential effectiveness of photo elicitation as a strategy to learn families' stories. Head Start families and Family Service Workers in this study described similar beliefs related to the potential benefits and barriers of using photo elicitation to encourage families to "tell their story." Common themes that emerged from both the photo elicitation interviews and focus groups are presented next.

Benefits. Many of the families in this study identified at least one benefit of using photographs to “tell their story” of what it was like to care for a young child with a disability. Several of the families used the phrase, “a picture is worth a thousand words” when they discussed how photographs could provide insights that a verbal account of an experience could not. One mother shared, “I feel like it can be an effective way ‘cause then you actually . . . you see the picture that goes along with the story that you’re telling about them.” Likewise, the majority of Family Service Workers in this study described the potential benefits for using photo elicitation to learn about families in a meaningful way. They cited how photographs could open up a line of communication when first meeting a family. One Family Service Worker shared, “If there’s one thing that all of my Head Start families have in common, it’s that they love their kids, and they love to talk about their kids, and they love to show off their kids.” Many Family Service Workers also felt they could gather pertinent information about potential needs or supports simply by asking families to describe the photographs they had chosen to share.

Authenticity. Both participant groups discussed the idea of authenticity of what is depicted in photographs as one of the potential benefits of photo elicitation. Authenticity in photographs can assist Family Service Workers with understanding what the family “truly looks like,” providing an accurate portrayal of a “day in the life.” One mother shared a story about her family’s “day in the life” by describing how difficult it was to get her daughter to school in the morning. Her 2-year old daughter has a chromosomal deletion that causes global developmental delays. Since their Head Start program did not provide transportation, they were required to use public transportation. In order to get to the bus stop, she carried her daughter down the steps of their apartment building and across a busy street. The photograph she shared while relaying this story showed her and her daughter sitting on the bus. When asked how this particular photograph

would help her Family Service Worker understand what it was like caring for a young child with a disability, she stated, “It allows her to see in that picture the struggle we were having that particular day or over those amount of days. Like each day is a different struggle for her.” This story highlights how capturing key moments in photographs can paint an authentic picture of families’ day-to-day lives, thereby enhancing Family Service Workers’ understanding of families’ stories in a meaningful way.

Family Service Workers in this study echoed the idea of authenticity as a benefit when they described how pairing a photograph with a verbal story could support their understanding of concerns families conveyed to them. For example, several Family Service Workers described supporting families in addressing their child’s challenging behavior. Some expressed a belief that families often under- or over-exaggerated their child’s behavior. In general, these Family Service Workers believed that viewing a photograph while families told a story could in fact, limit misinterpretations. One Family Service Worker shared:

It’s more insight to the situation where you can see it firsthand. Do they really pitch a fit that bad? In a picture, you can tell how a kid is standing there doing stuff, and they [families] can say, “This is what I was talking about.”

The photographs could provide additional insight, via visual cues, into what led up to the behavior. This, in turn, would provide opportunities for Family Service Workers to follow-up with additional questions based on what they saw in the photographs. Therefore, the photographs paired with a story could serve as a tool for supporting families in meeting their children’s needs.

Building rapport. A second benefit of using photo elicitation that participants across focus groups described is how photographs can assist in building rapport with families during the initial stages of the relationship. As described earlier in this chapter, a primary way Family Service Workers built rapport with families was by gathering information regarding family

composition, interests, goals, etc. Much of this information was gathered formally via family needs assessments or questionnaires. Some Family Service Workers felt that photographs could make the initial meetings with families more personable in that, “You actually have a face to go with the information instead of just reading more information.”

Other Family Service Workers described how using photographs could support those families who are less comfortable engaging in a one-one-one interview. They felt that focusing on a visual could serve as a buffer and help families feel more comfortable sharing personal information. They acknowledged that people have different communication styles and therefore, being sensitive to those differences and incorporating strategies such as photo elicitation could serve as an effective strategy for building rapport.

An interesting aspect of using photo elicitation to build rapport with families was the idea of discovering the families’ perspective of what was happening in the photographs. Several Family Service Workers described how photographs could provide them with insights on how families perceived challenges related to their child’s disability or challenging behaviors. For example, if a family showed a photograph depicting their child having a tantrum, some Family Service Workers described wanting to know how the family perceived the child in that specific moment. They wondered:

Did they see it [the tantrum] as just 2 minutes? Did they view it as going on for an hour? How did they feel during it? Why did they pick this photo? Was it because it’s such a strain, or is it because they still feel the joy of having their child period, regardless of their disability.

Several Family Service Workers felt that by understanding the families’ perspective, they would have the tools to effectively support their needs. In general, Family Service Workers believed that photo elicitation could build a foundation that would lead to greater rapport with families.

Focusing on the positives. The ability to focus on the positives was cited as a third benefit of using photographs to learn families' stories. It is important to point out that not all families focused on negative or challenging aspects of caring for a young child with a disability. Some families chose photographs that depicted happy times or activities that highlighted their child's strengths. A young, single mother of a 4-year old child with a communication delay shared various photographs that depicted her son smiling while engaged in activities such as riding his bike, playing at the park, learning how to write his name, and dressing up in a vest and bow tie for an Easter service at church. She explained, "All those pictures were happy moments for him. This is his outlook of what makes him happy. These are his moments."

When another mother described the benefits of using photographs, she explained:

It also gives a chance to brag about your kid. When you are in a program and they do have deficiencies, it's nice sometimes just to be able to brag for a second and say, "Look how good they are at these puzzles or this," or whatever it is.

This mother went on to share how parents really enjoy taking pictures of their children and sharing them with others. Yet another mother shared, "I think it would be very helpful. Even if it was five photos. Something simple. What the best and what's the worst? To say, 'This is what we're good at.' To have a positive spin on it."

Based on the premise of this study (i.e., using photographs to tell a story of what it is like caring for a young child with developmental delays or disabilities), it would have been very easy for families to take, or identify, photographs depicting nothing but challenges. However, some families chose to highlight photographs that focused on their child's strengths. They believed that photographs could help their Family Service Workers recognize that despite their delays or disability, their child still had much to offer.

Barriers. Head Start families and Family Service Workers also identified barriers to using photo elicitation as a strategy to build meaningful relationships with families while learning their stories. In contrast to how photographs can provide an authentic view of families day-to-day lives, both families and Family Service Workers described how inauthentic or “staged” photographs could be a barrier. Additionally, several Family Service Workers described logistical issues such as lack of financial means to share photographs and safety concerns as barriers.

Lack of authentic experiences. The primary barrier of using photographs that families and Family Service Workers alike described revolved around families choosing to share inauthentic or “staged” photographs. Their main concern was that inauthentic photographs could alter the Family Service Workers’ opinion of what was actually going on in the families’ lives. For example, one mother shared, “pictures can kind of be misleading, so you have to watch it. You have to make sure that you’re not taking . . . that you’re taking the right kind of pictures for it.” When asked to explain what she meant by “the right kind of pictures,” she shared that it would be important to not “pose” the children. Another mother further explained, “Of course, the parents can always take what they want to show and maybe not what is actually going on.”

Similarly, some Family Service Workers believed that families would only want to share photographs that showed them smiling and happy. One Family Service Worker explained, “I’m wondering if it’s gonna be like Facebook™ and they’re only gonna show you the good.” Sharing this concern, another Family Service Worker stated, “Our parents . . . sometimes they hesitate to tell you how bad it is because they think you’re gonna report them. So, are they really gonna take true pictures?”

Another potential barrier related to a lack of authenticity was how a picture provides “one snap shot” of the events taking place. A concern for some Family Service Workers was that they would only see what was going on when the picture was taken and they would not get the “big picture,” or as one Family Service Worker shared, “so not maybe what led up to it or what resulted when the tantrum was done. It’s just in the moment.” Even if families showed a challenging situation, some Family Service Workers feared that the event in the photograph might not be described accurately or authentically when families were asked to tell the story behind the photograph. In order to address these challenges, some of the families felt it would be more beneficial to “shadow” families for a day to capture an authentic or accurate account of their experiences. One mother suggested:

Come spend a day. I take photographs, but I don’t take photographs where . . . I’m rarely crying or anything like that. We take pictures of happier things, but spend a day in my house shadowing us, and you’re gonna figure out real fast where we’re coming from.

Logistics. The second barrier described by some Family Service Workers was related to logistical issues. The logistics involved access to the internet in order to share photographs electronically, financial resources to print photographs, as needed, and safety concerns for children and families depicted in the photographs. Family Service Workers from one focus group shared that many of the low-income families they served would not have the financial resources to print photographs from their cameras or camera phones. Furthermore, they expressed concerns that even if digital photographs could be used during the interview, many families lacked consistent access to the internet to retrieve photographs. Although Family Service Workers acknowledged that this barrier could be overcome if Head Start programs possessed the appropriate resources, it was still a concern for those interested in using photo elicitation with families with limited financial means.

A few of the Family Service Workers also expressed concern related to the safety of Head Start children. Specifically, they shared that several of their Head Start children have safety plans due to their involvement with the Department of Children and Family Services. Other families they worked with have gone through contentious divorces where the custodial parent wanted to keep where their child was enrolled private and thus, Family Service Workers expressed concerns regarding protecting the identity of the children. One Family Service Worker shared:

We have to tell any parent that comes into this center, they can only take pictures of their own child. They can only post pictures of their own child. So I don't know that our company policies would allow us to participate in the program. They're very leery of us taking photographs.

In sum, Head Start families and Family Service Workers described similar benefits and barriers to using photo elicitation as a strategy to build meaningful relationships with families while learning their stories. Participants felt that while photo elicitation could assist professionals in gaining an accurate understanding of families' stories through authentic depictions of their "day in the life," they also expressed concerns related to families choosing to share only staged photographs that could limit their understanding of the families' needs, thus limiting their ability to provide appropriate services and supports. Additionally, Head Start programs interested in conducting photo elicitation interviews would need to make sure that families had the means to share their photographs with Family Service Workers. Finally, Family Service Workers would need to ensure that the children and families' privacy was guaranteed to alleviate any potential safety concerns.

Chapter 5

Discussion

The purpose of this exploratory study was twofold. First, one goal was to examine how effective collaborations are formed between Head Start families who care for young children with developmental delays or disabilities and the Head Start Family Service Workers who work with them. Second, the potential use of “photo elicitation,” as a strategy to enhance parent-professional collaborations by empowering families to share their personal stories through photographs was explored. Numerous researchers have found that children and families benefitted when the professionals supporting them engaged in practices that led to greater collaboration. Specifically, researchers noted positive gains in children’s academic and social-emotional development (Mendez, 2010) and overall physical health (Palfrey et al., 2005) when parents and professionals collaborate. Benefits for the family unit included increased support for their children’s education (Brooks et al., 2004) and improvement with the family’s overall wellbeing, specifically as it related to the parent-child relationship (Trivette et al., 2010). The Division for Early Childhood’s (DEC) Recommended Practices (2014) state that families and early childhood professionals should enter into equal partnerships. Thus, it is important to understand how effective collaborations are formed.

It is also equally important to understand how the presence of multiple risk factors (e.g., presence of a disability, poverty, single parents, and low levels of maternal education), as often found among families participating in Head Start, impact the formation of collaborations. Nachshen (2004) contends that some family members who care for children with developmental delays or disabilities are “unable to communicate his or her own needs to those in power” (p. 67). In order to mitigate such feelings, professionals must know how to implement strategies

for building meaningful relationships with families experiencing multiple risk factors. These relationships can, in turn, serve to empower families to actively engage in making decisions that support their child and family as a whole. Although challenging to implement, when families are empowered, and when professionals value and utilize the strengths and perspectives families bring to the table, feelings of powerlessness may be diminished (Korfmacher et al., 2007; Nachshen, 2004).

Building Meaningful Relationships as a Pathway to Collaboration

One way to minimize the potential impact of risk factors that families experience is for the field to understand effective strategies that professionals, in this case Head Start Family Service Workers, implement to support the formation of positive collaborations (LaForett & Mendez, 2010). Participants in this study, both families and Family Service Workers, described various strategies Family Service Workers employed that families perceived to be effective when building collaborations. A common theme that connected each of these strategies was how their implementation served to first build meaningful relationships. Families and Family Service Workers shared examples of how family-professional collaborations were positively impacted once a meaningful relationship between them was built. This finding is of importance as Buchanan and Buchanan (2017) contend that professionals in the field of education “often overlook the importance of building meaningful relationships with families, to the detriment of supporting sustained and meaningful partnerships” (p. 237).

A significant amount of literature highlights challenges that professionals face in their efforts to build meaningful relationships with families who experience multiple risk factors (e.g., low income, presence of a disability, low maternal education, single parents, etc.). These challenges may be due to either family or professional factors. Challenges related to families

include disability specific factors that may cause families to experience feelings of isolation, marital conflict, financial and time constraints, and general feelings of ineffectiveness as a parent (O'Brien, 2003). Additionally, some families possess limited knowledge of child development that may hinder their ability to identify and access appropriate supports (Landy & Menna, 2006). Challenges related to professionals include misconceptions by professionals that families are unmotivated or unwilling to collaborate with them when in fact, families may be more focused on meeting their families' basic needs (i.e., obtaining work to pay for housing and food; Korfmacher et al., 2008). However, there is also promising evidence that points to specific strategies that professionals can implement to build meaningful relationships with families in spite of the overwhelming challenges that both families and professional face.

For example, Ferguson (2007) suggests that one concrete way to build meaningful relationships with families is to conduct home visits. She suggests that home visits support the development of personal connections while providing the home visitor with opportunities to gather detailed and contextualized information *about* the family *from* the family. Head Start families who participated in the current study reported positive experiences after engaging in home visits with their Family Service Worker. Specifically, they described feeling more connected to their Family Service Worker when the home visits were personal in nature (i.e., having time to just chat) and when the Family Service Worker engaged the entire family during the home visit in activities that focused on the child's interests and needs. Similarly, Family Service Workers found home visits to be helpful in building relationships with families; especially for families experiencing multiple risk factors. Home visits allowed Family Service Workers to observe the families in their natural environment, which gave them insights and ideas for specific services, supports, or resources to share with each family.

Meaningful relationships are built when both parties recognize a shared commitment to ensuring that the child and family succeeds. Both the families and Family Service Workers in the current study described the importance of sharing pertinent information with each other. When families shared information (e.g., family composition, strengths, systems of support, priorities, and needs) with their Family Service Workers, they armed them with the necessary knowledge that Family Service Workers then used to identify and facilitate access to community resources and services (i.e., special education programs through school systems, early intervention programs, medical/dental services, etc.) that benefitted the families.

One of the more interesting themes that emerged from the data was the effect on the family when Family Service Workers shared personal information with families. Family Service Workers explained that, oftentimes, the flow of personal information within parent-professional relationships is “one-sided;” information exchange is not reciprocal and often flows from the parent to the professional. However, Family Service Workers who shared personal details of their own families’ lives described how their relationships with the families they worked with were positively impacted. They described how some families were more willing to accept support after hearing about their own experiences of parenting a child with autism or accessing community resources. Kearney, McIntosh, Perry, Dockett, and Clayton (2014) contend that positive, meaningful relationships flourish when each partner contributes pertinent information that leads to the provision of individualized and appropriate services.

Participants from the photo elicitation interviews and focus groups also shared similar opinions on the importance of the positive rapport Family Service Workers have with their child. Dyches, Carter, and Prater (2011) suggest that relationships with families can form once the professional makes an honest effort to get to know their child first. In the current study, families

appreciated when their Family Service Workers asked questions to learn about their child's individual needs and preferences and showed genuine affection and concern towards their child. Additionally, Family Service Workers reported how their relationships with families were enhanced when they assisted in the children's classroom and made an effort to greet them outside of their scheduled visits (e.g., while driving by their home or when they saw them in the school hallways) to demonstrate to the families that they sincerely cared about their children.

A critical component for building meaningful relationships is trust (Buchanan & Buchanan, 2017). Head Start programs recognize the need for trust to occur between partners as highlighted in Section 1304.40 of the Head Start Program Performance Standards (2016). Specifically, an essential element of family goal setting is to effectively partner with families in order to "establish mutual trust and to identify family goals, strengths, and necessary services and other supports" (p. 129). Olender, Elias, and Mastroleo (2010) suggest that as trust grows, anxiety diminishes. Family Service Workers in the current study described how they "meet the families where they are," which gave families more time to come to terms with their child's disability or diagnosis. Family Service Workers recognized that by reading families' cues, knowing when to "back off," and engaging in effective communication strategies (i.e., active listening), the families began to, over time, trust them and share their fears, concerns, and needs.

Finally, in order to build meaningful relationships, it is important for families and Family Service Workers to feel as though they are true collaborative partners (Bailey, 2001; Bezdek et al., 2010; Fleming et al., 2011; Korfmacher et al., 2008). According to Bailey (2001), partnerships are formed when professionals value families' culture, resources, concerns, and priorities, which leads to a strengths-based approach to services and interventions. Tran (2014)

notes that meaningful relationships are built when professionals recognize and utilize the unique strengths that each family possesses.

One way Family Service Workers became skilled at implementing strengths-based supports was by participating in specialized training. Several participants reported how they completed the requirements to earn a Strengths-Based Family Service Worker credential. The Family Service Workers who obtained this credential shared how the training allowed them to obtain the skills necessary to assist families in identifying and using their strengths. Implementing a strengths-based approach when supporting families, especially those experiencing risk factors such as caring for a young child with a disability, can lead to increased parental satisfaction and self-efficacy as well as positive child and family outcomes (Bruder, 2010; Dunst et al., 2007; Popp & You, 2016).

Researchers have long lamented the challenges related to preparing professionals to recognize and support the unique needs of families experiencing multiple risk factors, including assuming a strengths-based approach (Duggan et al., 2004; Harden et al., 2010; Tandon, Mercer, Saylor, & Duggan, 2008). Notably, families interviewed for this study generally felt positive about how their Family Service Workers invested time and effort to learn their stories as a way to build meaningful relationships that supported both the child and the family unit as a whole.

These findings extend the current knowledge base of what we know to be effective strategies for building meaningful relationships that lead to successful collaborations with families experiencing multiple risk factors. Although families who experience multiple risk factors may, at times, be hesitant to communicate with professionals they perceive to possess more power than themselves (Nachshen, 2004), families who participated in this study described more positive experiences with their Family Service Workers than negative experiences.

Families mentioned positive interactions where they felt heard, believed that the decisions they made on behalf of their child and family were respected, appreciated how Family Service Workers were willing to interact with them on a personal level, and at times, went over and above what they expected. These suggest that with the appropriate tools and supports, some of the challenges and risks faced by families and the professionals who work with them could be mitigated.

Photo Elicitation as a Tool for Building Meaningful Relationships

Families and Family Service Workers in this study were asked to consider the viability of photo elicitation as a tool to build meaningful relationships. Photo elicitation is based on the premise that professionals value experiences where individuals take the lead and “teach” them (Shaw, 2013). Photo elicitation is particularly promising for use with families who experience multiple risk factors. Many of these families often feel powerless to engage with the professionals charged with supporting them (Nachshen, 2004). Clark-Ibanez (2004) contends that since photo elicitation is primarily concerned with how participants, rather than themselves, make meaning of the photographs, it can, “disrupt some of the power dynamics involved with regular interviews” (p. 1512).

Another benefit to using photo elicitation is that it allows professionals to gain insight into family dynamics that would not otherwise be brought up without a visual reminder. Furthermore, photo elicitation “breaks the frame” of the professional’s perception of the family dynamic (Shaw, 2013). For example, professionals might enter into a relationship with a family caring for a young child with a disability assuming that they “struggle” with their child’s diagnosis or that the diagnosis consumes their daily lives (i.e., their “frame”). If they conducted a photo elicitation interview with this family and found that most of the photographs depicted

“typical” or positive family interactions (e.g., playing at the park, attending “Family Fun” night at school, reading books at bedtime, etc.), the professionals’ “frame” might be broken; meaning that they may begin to recognize that not all families experience adverse effects related to their child’s disability. Finally, photo elicitation presents participants with the opportunity to share and interpret their own stories, while fostering an atmosphere of engaging dialogue between the two parties (Hurworth, 2003).

Overall, families and Family Service Workers in the current study found photo elicitation intriguing and identified several potential benefits for its use. First, they noted that photo elicitation can help shift the family-professional relationship from a deficit-based approach to a strengths-based approach (Miller, 2014). Family Service Workers shared that families often found it difficult to identify their own strengths; therefore, a common first step Family Service Workers used was to support families in a way that they were able to recognize what they “brought to the table.” Several Family Service Workers believed that photographs could support a family’s ability to identify their own strengths. This belief aligns with Amatea (2009) who suggested that professionals should encourage families to regularly share anecdotes about their child and family as a way of honoring the expertise they possess; believing that sharing anecdotes will ultimately strengthen parent-professional relationship.

Second, families and Family Service Workers described similar views on how photographs could highlight the positives or provide greater insight to families’ strengths, interests, routines, and preferences. Families and Family Service Workers shared how the use of photographs could provide a visual representation of families’ daily routines. For example, if a family shared photographs depicting safety concerns related to bathing a child with severe physical disabilities, their Family Service Worker could assist by identifying resources that could

help them acquire the necessary positioning equipment to make bath time safe and enjoyable for all involved. Another family might share a photograph of a parent and child reading books together. If the Family Service Worker knew that book reading was a preferred activity, she could support the family with acquiring a library card or participating in parent-child activities hosted by the library.

Third, participants also agreed that the use of photographs could support Family Service Workers' ability to "see" an authentic version of the family. This is an important finding as both families and Family Service Workers described how children and adults often acted differently in the presence of unfamiliar adults. Photographs that showcased how children behaved outside of school and how the family interacted with one another in an authentic manner could provide Family Service Workers with information to help them identify specific interventions and supports that ultimately benefit the child and family.

Finally, Family Service Workers believed that the use of photographs could support their ability to learn families' stories in an informal, relaxed atmosphere that was responsive to differences in personality (i.e., slow to warm versus never met a stranger) or styles of communication. They recognized that not all families were comfortable sharing intimate details of their families' lives (Hurworth, 2003); therefore, by looking through self-selected photographs, families could lead the conversation in a direction that was comfortable, yet still meaningful for them (Mandleco, 2013). Given these potential benefits, using photographs to elicit personal information could be especially beneficial during the initial stages of a relationship.

Findings from this study suggest that photo elicitation could serve as a tool to learn families' stories in a meaningful way. Photo elicitation should not replace the information

gathering tools implemented by Head Start (e.g., family assessment booklet, parent collaboration form, family partnership agreement, etc.). However, it could be used as an informal tool for learning families' stories as a way to build meaningful relationships. Although participants described strategies that Family Service Workers employ to learn families' stories (e.g., "meeting the family where they are," gathering information over time, using effective communication strategies, focusing on strengths, and sharing personal experiences), they also believed that using photographs could support or enhance these strategies. There is currently limited evidence describing the benefits of photo elicitation with families of young children with disabilities; therefore, findings from this study begin to address this gap. Further exploration of how photo elicitation can be used to learn families' stories of what it is like to care for a young child with a developmental delay or disability is warranted.

Limitations

While the results from this study add to the current literature base, it is important to acknowledge several limitations. First, it is important to consider the demographics of study participants. Both groups of participants were primarily women (family = 95% and Family Service Workers = 94%). According to Nakkeeran (2016), "The essence of qualitative methodology lies in accepting the plurality of explanations and meanings of human behavior" (p. 42). The current study ascertained the perceptions of multiple female caregivers and early childhood professionals related to effective strategies for building meaningful relationships with one another; however, the male voice was missing. Head Start is a staunch advocate for empowering fathers to not only be *involved* in their children's development, but to be fully *engaged*. According to the Head Start Father Engagement Birth to Five Programming Guide (2013), fathers who are engaged are committed to partnering with others invested in the overall

wellbeing of their child and family. Furthermore, true engagement requires partners to build effective, meaningful relationships with one another. Head Start diligently applies strategies for encouraging father engagement within their program; therefore, it would have been beneficial to have recruited more fathers to share their perceptions on the topic as well. While one father participated in a photo elicitation interview, his contributions were minimal. Adding the voice of male participants in future research on parent-professional collaborations is important because researchers have found that gender may impact the formation of meaningful, relationships and collaborations between families and professionals (McBride et al., 2017).

Furthermore, demographic information collected from the majority of family participants was gathered informally and only included gender, role, family composition, and child's disability. Due to challenges with participant recruitment, initial recruitment materials including a demographic survey were set aside and alternative recruitment strategies were employed. Participants interviewed following this change were not asked to complete a demographic survey. While this oversight led to missing demographic information such as race, ethnicity, highest level of education obtained, and income, its omission had little to no effect on study findings as the overall purpose was not to compare families based on demographic characteristics. However, it should be acknowledged that the formal collection of demographic information including the aforementioned characteristics would have provided a more comprehensive picture of study participants that could help better contextualize the results. This is especially true since low maternal education and poverty are two risk factors known to impact collaboration. Information regarding the extent to which participants experienced risk factors that are known to impact collaboration (e.g., economic status and maternal education) would be helpful in identifying possible solutions that could mitigate the effects of these risk factors.

Finally, it would have also been helpful to ask families how long they had worked with their Family Service Worker as this information could have provided insights into the amount of time it may take families and Family Service Workers to form meaningful relationships, if at all.

Second, self-selection among participants may have limited the applicability of the findings to Head Start families and Family Service Workers outside of those represented in this study. According to Robinson (2014), participants who volunteer for research studies may be different from their peers as they may be more open to sharing personal information or have a personal interest in the research topic. Thus, self-selection bias can lead to researchers collecting data representing the views of participants possessing these attributes rather than a comprehensive view of the topic from multiple viewpoints.

An additional consideration is the potential for participants, especially those from low-income households, to volunteer in order to receive a financial incentive which can lead to the collection of “dodgy data” (Robinson, 2014, p. 37). This study was funded by the federal agency that supports Head Start programs nationwide and thus the primary focus was on Head Start families who were all from low-income households. In order for families to be eligible to access Head Start services, they must meet the minimum household income requirements (i.e., income is equal to or below the poverty line as outlined by the U.S. Department of Health and Human Services). Therefore, the possibility that some families in this study volunteered solely to collect the incentive should be considered as a limitation. Future research should examine the impact to recruitment of low-income households in the absence of financial incentives. Robinson (2014) contends that researchers have options for ethically recruiting participants in lieu of financial incentives that includes providing them with findings as well as ensuring they have a clear understanding of how their participation will support the field’s understanding of the topic at

hand. For some participants, simply knowing that their input is making a difference could lead them to volunteer.

Finally, while Head Start serves a large number of families who primarily speak languages other than English, especially in the larger, Midwestern state in which this study was conducted, access to fluent bilingual/bicultural or multi-lingual speakers who could assist in the study would have been costly and logistically prohibitive. To accurately and appropriately collect and analyze data from these families, resources providing the cultural and linguistic contexts within which each of these families operated would have been necessary. Thus, for this study, participants were limited to families who were comfortable speaking English with no or minimal need for translation. According to Cheatham and Santos (2009), “differences in language and culture present a challenge for building relationships between EI/ECSE providers and families” (p. 138). Since we know the importance of forming effective collaborations between families caring for young children with disabilities and early childhood professionals, additional research to examine ways of supporting such relationships with culturally and linguistically diverse families is warranted.

Implications and Future Directions

Findings from this study shed light on strategies Family Service Workers use to form effective collaborations with Head Start families caring for young children with disabilities. Each of the strategies discussed, viewed through a collective lens, highlights the need to first build meaningful relationships with at-risk families. Additionally, the potential utility for using photo elicitation to learn families’ stories was explored. Implications related to building meaningful relationships and the use of photo elicitation for practice, policy, professional development, and research should be considered in light of these findings.

On building meaningful relationships. A major finding from this study highlights the importance of first building meaningful relationships that will, in turn, enhance collaboration between families caring for young children with disabilities and professionals. According to the Council for Exceptional Children's Division for Early Childhood (DEC), "practitioners in early education and intervention must be prepared to work with families whose cultural, ethnic, linguistic, and social backgrounds differ from their own" (Stayton et al., 2003, p. 11). Although early childhood professionals may strive to meet the needs of diverse families, not all will possess the skills and dispositions to be successful. Therefore, Head Start programs should explore avenues to ensure that their staff are equipped with the tools they need to effectively support diverse populations.

The 2016 Head Start Program Performance Standards outline specific training and professional development requirements including that all Head Start staff must participate in 15 hours of professional development per year. Standard 1302.92 specifically highlights required trainings for Family Services staff pertaining to recommended practices for supporting family engagement. Family Services staff who support families impacted by disability should also participate in trainings that build, "knowledge, experience, and competencies to improve child and family outcomes" (p. 57). While policies for supporting Head Start staff in acquiring knowledge related to building meaningful relationships with families experiencing multiple risk factors are outlined, it is unclear how individual Head Start programs are putting these policies into practice. Specifically, it would be helpful to understand how programs determine the types of professional development opportunities their staff will have access to on a regular basis. It would also be beneficial to understand the extent to which Head Start programs utilize available resources designed to support professionals in their work with at-risk families.

For example, the Office of Head Start under the Administration for Children and Families has a Training and Technical Assistance system in place to support Head Start staff. This Training and Technical Assistance system can provide support at the national, regional, or grantee level. Furthermore, in conjunction with the Office of Head Start and the Office of Child Care, Head Start programs can access support from the National Center on Parent, Family, and Community Engagement (NCPFCE). The NCPFCE provides training and technical assistance support to Head Start staff related to building effective relationships that are responsive to cultural and linguistic diversity, and addressing family leadership and economic stability. These trainings and technical assistance are individualized for families experiencing multiple risk factors (U.S. Department of Health and Human Services Administration for Children and Families Office of Head Start, 2016).

While it is necessary to explore policies and practices related to professional development, it is also important to further examine specific practices known to support the development of meaningful relationships with at-risk families. Many families and Family Service Workers who participated in this study cited home visits as an effective strategy for building meaningful relationships that further supported the formation of effective collaborations. Interestingly, Family Service Workers described inconsistent experiences related to the practice of conducting home visits. These disparate accounts highlight the need to examine how Head Start programs utilize home visits as a way of learning families' stories that subsequently lead to the formation of meaningful relationships.

The 2016 Head Start Program Performance Standards also address home visits under Standard 1302.34 (parent and family engagement in education and child development services), but as described, are the responsibility of Head Start teachers. However, it is important to note

that neither this standard, nor any of the other standards, prevent Head Start Family Service Workers from also conducting home visits. Therefore, an implication related to policy and practice would include ensuring that Head Start programs understand that in order for Family Service Workers to fulfill the responsibilities outlined in the Program Performance Standards related to building effective partnerships with families, policies and procedures should be in place that provide Family Service Workers with opportunities to engage with families through home visits.

On using photo elicitation. An innovative component of this study revolved around the use of photo elicitation to learn families' stories of what it is like to care for a young child with developmental delays or disabilities; a strategy professionals can employ to build meaningful, collaborative relationships with families. Literature describing how this strategy has been implemented with families caring for young children with disabilities is limited; therefore the current study begins to address this need. Perceptions of study participants suggest that photo elicitation could serve as an effective tool for supporting families' ability to "tell their stories." Despite the lack of literature on this specific population, findings from the current study related to the potential utility of using photo elicitation interviews to begin the process of building meaningful relationships mirror findings related to the benefits and barriers to using this method. For example, Mandleco (2013) contends that one benefit of photo elicitation is the power participants possess when deciding which stories they want to share. Head Start families who told their stories using photographs indicated that they enjoyed being able to share photographs that highlighted their strengths as a family.

A potential barrier, as suggested by both families and Family Service Workers, is the potential for families to "stage" the photographs they choose to share. Researchers attribute this

phenomenon to concerns individuals might have regarding how they might be portrayed if they shared photographs of their “real” lives as well as what authentic photographs might say about themselves or their family (Allen, 2012; Pilcher, Martin, & Williams, 2016).

The tendency to “stage” photographs may especially be true for families experiencing multiple risk factors who do not feel comfortable showing their “true selves” with their Family Service Workers. This suggests that, perhaps, the potential benefits of photo elicitation as a tool for learning families’ stories could be dependent on the timing of when the strategy is implemented (i.e., at the beginning of the relationship or after a trusting, meaningful relationship is beginning to be established). Further research examining how timing impacts the potential benefits of photo elicitation for learning families’ stories is warranted. For example, one strategy for eliciting this information would be to recruit participant “teams” comprised of a Head Start family caring for a child with disabilities and their Head Start Family Service Worker. Information could then be shared regarding the length of their relationship, the frequency, and the nature of their interactions with one another.

Conclusion

The impetus for this study stemmed from the need for families experiencing risk factors, namely low-income families who care for young children with disabilities, to feel empowered and to have the capacity to actively engage during the planning and implementation of intervention services. The ultimate goal is for child and family outcomes to be enhanced by their active engagement. Previous research describing the impact of multiple risk factors (e.g., presence of a disability, poverty, single parents, and low maternal education) suggests that families experiencing such risk factors may, at times, feel powerless when interacting with professionals tasked with supporting their individual needs. A second need revolved around

identifying appropriate, relevant, and meaningful strategies for supporting effective collaborations between families caring for young children with disabilities and Head Start professionals. Within the context of the current study, photo elicitation was explored as a potentially viable strategy to address this need.

Participants of this study provided insights into effective strategies that Family Service Workers employed to learn families' stories. A common thread connecting each of the identified strategies was the importance of first building meaningful relationships as a pathway to enhancing parent-professional collaborations. Early childhood professionals face many challenges when tasked with building such relationships with vulnerable families. Therefore, it is imperative that they possess a variety of tools that can be used to address these challenges. Results from this study suggest that photo elicitation could, if used effectively, serve as an effective tool for achieving the ultimate goal of forming effective collaborations between families caring for young children with disabilities and early childhood professionals; as it is through the act of sharing stories that meaningful relationships can be built. Regardless of the tool used, it is imperative that early childhood professionals recognize the need to build meaningful relationships with families experiencing multiple risk factors. Early childhood professionals must remain steadfast in their endeavor to actively engage families in discussions as it is their voice and their story that matters most.

Since its inception in 1965, Head Start has provided comprehensive services for children and families experiencing multiple risk factors. A key tenet of the program is empowering families to serve as active and engaged partners with Head Start professionals so that child and family outcomes are positively impacted. To accomplish this goal, we must first focus our attention on building meaningful relationships with families. Although we recognize that

building meaningful relationships with at-risk families is not always easy, the challenges we face should not dissuade us from accessing every available resource and implementing effective, family-centered strategies. Every family has a story to tell. In order to effectively collaborate with families, we must do everything in our power to truly *hear* it.

References

- Allen, Q. (2012). Photographs and stories: Ethics, benefits and dilemmas of using participant photography with Black middle-class male youth. *Qualitative Research*, 12, 443-458.
- Amatea, E. S. (2009). *Building culturally responsive family-school relationships*. Upper Saddle River, NJ: Pearson Education.
- Bailey, D. B., Jr. (2001). Evaluating parent involvement and family support in early intervention and preschool programs. *Journal of Early Intervention*, 24(1), 1-14.
- Bailey, D. Scarborough, A., Hebbeler, K., Spiker, D., & Mallik, S. (2004). National early intervention longitudinal study: Family outcomes at the end of early intervention. NEILS Data Report No. 6, Retrieved from https://www.sri.com/sites/default/files/publications/family_outcomes_report_011405_ls.pdf
- Bart, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research*, 26(13), 1802-1811.
- Bezdek, J., Summers, J. A., & Turnbull, A. (2010). Professionals' attitudes on partnering with families of children and youth with disabilities. *Education and Training in Autism and Developmental Disabilities*, 45(3), 356-365.
- Birkeland, A. (2013). Research dilemmas associated with photo elicitation in comparative early childhood education research. *Research in Comparative and International Education*, 8(4), 455-467.
- Boeije, H. (2010). *Analysis in qualitative research*. Thousand Oaks, CA: Sage Publications, Inc.

- Brickman, P., Rabinowitz, V. C., Karuza, J., Jr., Coates, D., Cohn, E., & Kidder, L. (1982). Models of helping and coping. *American Psychologist*, 37, 368-384.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Brooks, S. J., Summers, J. A., Thornburg, K. R., Ispa, J. M., & Lane, V. J. (2004). Building successful home visitor-mother relationships and reaching program goals in two Early Head Start programs: A qualitative look at contributing factors. *Early Childhood Research Quarterly*, 21, 25-45.
- Bruder, M. B. (2010). Early childhood intervention: A promise to children and families for their future. *Exceptional Children*, 76, 339-355.
- Bruder, M. B., Dunst, C. J., Wilson, C., & Stayton, V. (2013). Predictors of confidence and competence among early childhood interventionists. *Journal of Early Childhood Teacher Education*, 34, 249-267.
- Buchanan, K., & Buchanan, T. (2017). Relationships with families: Have educators overlooked a critical piece of the puzzle? *Improving Schools*, 20(3), 236-246.
- Campbell, J. L., Quincy, C., Osserman, J., & Pedersen, O. K. (2013). Coding in-depth semistructured interviews: Problems of unitization and intercode reliability and agreement. *Sociological Methods & Research*, 42(3), 294-320.
- Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014). The use of triangulation in qualitative research. *Oncology Nursing Forum*, 41(5), 545-547.
- Cheatham, G. A., & Santos, R. M. (2009). "Why won't they just cooperate?" Understanding how cultural values impact how we team with families. In C. Peterson, L. Fox, & A. Santos (Eds.), *Young Exceptional Children Monograph Series 11*, Quality Inclusive Services in a

- Diverse Society (pp. 107-121). Missoula, MT: Council for Exceptional Children Division for Early Childhood.
- Clark-Ibanez, M. (2004). Framing the social world with photo-elicitation interviews. *American Behavioral Scientist*, 47(12), 1507-1527.
- Cohen, S., & Syme, S. L. (Eds.). (1985). *Social support and health*. Orlando, FL: Academic Press.
- Cresswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches*. Thousand Oaks, CA: Sage Publications, Inc.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage Publications, Inc.
- Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage Publications, Inc.
- Cummings, K. P., Sills-Busio, D., Barker, A. F., & Dobbins, N. (2015). Parent-professional partnerships in early education: Relationships for effective inclusion of students with disabilities. *Journal of Early Childhood Teacher Education*, 36, 309-323.
- Dempsey, I., & Keen, D. (2008). A review of processes and outcomes in family-centered services for children with a disability. *Topics in Early Childhood Special Education*, 28(1), 42-52.
- Dinnebeil, L. A., Hale, L., & Rule, S. (1999). Early intervention program practices that support collaboration. *Topics in Early Childhood Special Education*, 19(4), 225-235.
- Division for Early Childhood. (2014). DEC recommended practices in early intervention/early childhood special education 2014. Retrieved from <http://www.dec-sped.org/recommendedpractices>

- Dropkin, E., & Jauregui, S. (2015). Two generations together: Case studies from Head Start. *National Head Start Association Research Blast*. Retrieved from <https://www.nhsa.org/files/resources/february2015researchblast.pdf>
- Duggan, A. K., Fuddy, L., Burrell, L., Higman, S. M., McFarlane, E., Windham, A., & Sia, C. (2004). Randomized trial of a statewide home visiting program to prevent child abuse: Impact in reducing parental risk factors. *Child Abuse & Neglect*, 28, 623-643.
- Dunst, C. J. (1985). Rethinking early intervention. *Analysis and Intervention in Developmental Disabilities*, 5, 165-201.
- Dunst, C. J., & Dempsey, I. (2007). Family-professional partnerships and parenting competence, confidence, and enjoyment. *International Journal of Disability, Development and Education*, 54, 305-318.
- Dunst, C. J., & Trivette, C. M. (2009a). Capacity-building family-systems intervention practices. *Journal of Family Social Work*, 12, 119-143.
- Dunst, C. J., & Trivette, C. M. (2009b). Meta-analytic structural equation modeling of the influences of family-centered care on parent and child psychological health. *International Journal of Pediatrics*, 1-9.
- Dunst, C. J., Trivette, C. M., & Hamby, D. W. (2007). Meta-analysis of family-centered helping practices research. *Mental Retardation and Developmental Disabilities Research Reviews*, 13(4), 370-378.
- Dyches, T. T., Carter, N. L., & Prater, M. A. (2011). *A teacher's guide to communicating with parents: Practical strategies for developing successful relationships*. Upper Saddle River, NJ: Pearson Education.

- Ekas, N. V., Lickenbrock, D. M., & Whitman, T. L. (2010). Optimism, social support, and well-being in mothers of children with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 40*(10), 1274-1284.
- Emerson, E., Hatton, C., Llewellyn, G., Blacker, J., & Graham, H. (2006). Socio-economic position, household composition, health status and indicators of the well-being of mothers of children with and without intellectual disabilities. *Journal of Intellectual Disability Research, 50*(12), 862-873.
- Epley, P., Gotto IV, G. S., Summers, J. A., Brotherson, M. J., Turnbull, A. P., & Friend, A. (2010). Supporting families of young children with disabilities: Examining the role of administrative structures. *Topics in Early Childhood Special Education, 30*(1), 20-31.
- Espe-Sherwindt, M. (2008). Family-centered practice: Collaboration, competency and evidence. *Support for Learning, 23*(3), 136-143.
- Farber, M. L. Z., & Maharaj, R. (2005). Empowering high-risk families of children with disabilities. *Research on Social Work Practice, 15*, 501-515.
- Farrugia, D. (2009). Exploring stigma: Medical knowledge and the stigmatization of parents of children diagnosed with autism spectrum disorder. *Sociology of Health & Illness, 31*(7), 1011-1027.
- Ferguson, C. (2007). Building meaningful relationships: Caring and respect. In D. B. Hiatt-Michael (Ed.), *Promising practices for teachers to engage families of English language learners* (pp. 11-31). Charlotte, NC: Information Age Publishing.
- Ferlazzo, L., & Hammond, L. (2009). *Building parent engagement in schools*. Columbus, OH: Linworth Publishing, Inc.

- Fleming, J. L., Sawyer, L. B., & Campbell, P. H. (2011). Early intervention providers' perspectives about implementing participation-based practices. *Topics in Early Childhood Special Education, 30*(4), 233-244.
- Forry, N., Bromer, J., Chrisler, A., Rothenberg, L., Simkin, S., & Daneri, P. (2012). *Family-provider relationship quality: Review of conceptual and empirical literature of family-provider relationships*. OPRE Report #2012-46, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- Frith, H., & Harcourt, D. (2007). Using photographs to capture women's experiences of chemotherapy: Reflecting on the method. *Qualitative Health Research, 17*(10), 1340-1350.
- Gill, S., Greenberg, M. T., Moon, C., & Margraf, P. (2007). Home visitor competence, burnout, support, and client engagement. *Journal of Human Behavior in the Social Environment, 15*, 23-44.
- Guba, E., & Lincoln, Y. (1985). Establishing trustworthiness. In E. Guba and Y. Lincoln (Eds.), *Naturalistic inquiry* (pp. 289-311). Beverly Hills, CA: Sage Publications, Inc.
- Hammer, D., & Berland, L. K. (2014). Confusing claims for data: A critique of common practices for presenting qualitative research on learning. *Journal of the Learning Sciences, 23*, 37-46.
- Harden, B. J., Denmark, N., & Saul, D. (2010). Understanding the needs of staff in Head Start programs: The characteristics, perceptions, and experiences of home visitors. *Children and Youth Services Review, 32*, 371-379.

- Harper, D. (1998). An argument for visual sociology. In J. Prosser (Ed.), *Image-based research; A sourcebook for qualitative researchers* (pp. 24-41). London, UK: Falmer Press.
- Harper, D. (2002). Talking about pictures: A case for photo elicitation. *Visual Studies*, 17(1), 13-26.
- Hastings, R. P., Kovshoff, H., Brown, T., Ward, N. J., Espinosa, F. D., & Remington, B. (2005). Coping strategies in mothers and fathers of preschool and school-age children with autism. *Autism*, 9, 377-391.
- Hill, C. E., Thompson, B. J., Hess, S. A., Knox, S., Williams, E. N., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology*, 52(2), 196-205.
- Hurworth, R. (2003). Photo-interviewing for research. *Social Research Update*, 40, 1-4.
- Izumi-Taylor, S., Ito, Y., & Krissell, M. (2016). American and Japanese kindergartners' view of play through the use of photo elicitation interviews (PEIs). *Research in Comparative & International Education*, 11(3), 322-333.
- Kearney, E., McIntosh, L., Perry, B., Dockett, S., & Clayton, K. (2014). Building positive relationships with Indigenous children, families and communities: Learning at the cultural interface. *Critical Studies in Education*, 55, 338-352.
- Keilty, B. (2010). *The early intervention guidebook for families and professionals*. New York, NY: Teachers College Press.
- Kelly, J. F., Zuckerman, T., & Rosenblatt, S. (2008). Promoting first relationships: A relationship-focused early intervention approach. *Infants and Young Children*, 21(4), 285-295.

- Keys, A. (2015). Family engagement in rural and urban Head Start families: An exploratory study. *Early Childhood Education Journal*, 43, 69-76.
- Knoche, L. L., Sheridan, S. M., Edwards, C. P., & Osborn, A. Q. (2010). Implementation of a relationship-based school readiness intervention: A multidimensional approach to fidelity measurement for early education. *Early Childhood Research Quarterly*, 25(3), 299-313.
- Korfmacher, J., Green, B., Spellmann, M., & Thornburg, K. R. (2007). The helping relationship and program participation in early childhood home visiting. *Infant Mental Health Journal*, 28, 459-480.
- Korfmacher, J., Green, B., Staerkel, F., Peterson, C., Cook, G., Roggman, L., . . . Schiffman, R. (2008). Parent involvement in early childhood home visiting. *Child Youth Care Forum*, 37, 171-196.
- LaForett, D. R., & Mendez, J. L. (2010). Parent involvement, parental depression, and program satisfaction among low-income parents participating in a two-generation early childhood education program. *Early Education and Development*, 21(4), 517-535.
- Landy, S., & Menna, R. (2006). *Early intervention with multi-risk families: An integrative approach*. Baltimore, MD: Brookes Publishing, Co.
- Lieberman, A. F., & Pawl, J. H. (1993). Infant-parent psychotherapy. In C. H. Zeanah Jr. (Ed.), *Handbook of infant mental health* (pp. 427-442), New York, NY: Guilford Press.
- Lincoln, Y., & Guba, E. (2000). The qualitative researcher's companion. *Journal of Management*, 23, 409-473.
- Maietta, R., & Swartout, K. (2015, February). Identifying quotations and diagramming. In R. Maietta (Chair), *Qualitative Data Analysis Camp*. Symposium conducted at the meeting of Research Talk, Inc., Wrightsville Beach, NC.

- Mandleco, B. (2013). Research with children as participants: Photo elicitation. *Journal for Specialists in Pediatric Nursing, 18*, 78-82.
- Maqueen, K. M., & Guest, G. (2008). An introduction to team-based qualitative research. In G. Guest & K. Macqueen (Eds.), *Handbook for team-based qualitative research* (pp. 3-19), New York, NY: ALTAMIRA Press.
- Maqueen, K. M., McLellan-Lemal, E., Bartholow, K., & Milstein, B. (2008). Team-based codebook development: Structure, process, and agreement. In G. Guest & K. Macqueen (Eds.), *Handbook for team-based qualitative research* (pp. 3-19), New York, NY: ALTAMIRA Press.
- McBride, B. A., Curtiss, S. J., Uchima, K., Laxman, D. J., Santos, R. M., Weglarz-Ward, J., . . . Kern, J. (2017). Father involvement in early intervention: Exploring the gap between service providers' perceptions and practices. *Journal of Early Intervention, 39*(2), 71-87.
- McConnell, D., Savage, A., & Breitkreuz, R. (2014). Resilience in families raising children with disabilities and behavior problems. *Research in Developmental Disabilities, 35*, 833-848.
- Mendez, J. (2010). How can parents get involved in preschool? Barriers and engagement in education by ethnic minority parents of children attending head Start. *Cultural Diversity and Ethnic Minority Psychology, 16*, 26-36.
- Miller, K. (2014). Learning about children's school preparation through photographs: The use of photo elicitation interviews with low-income families. *Journal of Early Childhood Research*. Advance online publication. doi:10.1177/1476718X14555703
- Morse, J. M. (2003). Principles of mixed methods and multimethod research design. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social & behavioral research* (pp. 189-208). Thousand Oaks, CA: Sage Publications, Inc.

- Nachshen, J. S. (2004). Empowerment and families: Building bridges between parents and professionals, theory and research. *Journal on Developmental Disabilities, 11*, 67-76.
- Nakkeeran, N. (2016). Is sampling a misnomer in qualitative research? *Sociological Bulletin, 65*(1), 40-49.
- O'Brien, J. (2003). Family support activities contribute to the health of families of children with disabilities. *Head Start Bulletin #75*. Retrieved from https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/Disabilities/families-too/EngagingFamilies/health_art_00557a_082305.html
- Olender, R., Elias, J., & Mastroleo, R. (2010). *The home-school connection: Forging positive relationships with parents*. Thousand Oaks, CA: Corwin.
- Olsson, M. B., Larsman, P., & Hwang, P. C. (2008). Relationships among risk, sense of coherence, and well-being in parents of children with and without intellectual disabilities. *Journal of Policy and Practice in Intellectual Disabilities, 5*(4), 227-236.
- Palfrey, J. S., Hauser-Cram, P., Bronson, M. B., Warfield, M. E., Sirin, S., & Chan, E. (2005). The Brookline Early Education Project: A 25-year follow-up study of a family-centered early health and development intervention. *Pediatrics, 116*, 144-152.
- Patton, M. Q. (2002). *Qualitative evaluation and research methods* (2nd ed). Thousand Oaks, CA: Sage Publications, Inc.
- Pilcher, K., Martin, W., & Williams, V. (2016). Issues of collaboration, representation, meaning and emotions: Utilizing participant-led visual diaries to capture the everyday lives of people in mid to later life. *International Journal of Social Research Methodology, 19*(6), 677-692.

- Popp, T. K., & You, H. K. (2016). Family involvement in early intervention service planning: Links to parental satisfaction and self-efficacy. *Journal of Early Childhood Research, 14*(3), 333-346.
- Porter, T., Bromer, J., & Forry, N. (2015). *Assessing Quality in Family and Provider/Teacher Relationships: Using the Family and Provider Teacher Relationship Quality (FPTRQ) Measures in Conjunction with Strengthening Families and the Head Start Parent, Family and Community Engagement Frameworks and their Self-Assessment Tools*. OPRE Report 2015-56. Washington, D.C.: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- Quesenberry, A. C., Hemmeter, M. L., & Ostrosky, M. M. (2011). Addressing challenging behaviors in Head Start: A closer look at program policies and procedures. *Topics in Early Childhood Special Education, 30*(4), 209-220.
- Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology, 9*, 1-25.
- Resch, J. A., Mireles, G., Benz, M. R., Grenwelge, C., Peterson, R., & Zhang, D. (2010). Giving parents a voice: A qualitative study of the challenges experienced by parents of children with disabilities. *Rehabilitation Psychology, 55*(2), 139-150.
- Richard, V. M., & Lahman, M. K. E. (2015). Photo-elicitation: Reflexivity on method, analysis, and graphic portraits. *International Journal of Research & Method in Education, 38*(1), 3-22.
- Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative Research in Psychology, 11*, 25-41.

- Ruto-Korir, R., & Lubbe-De Beer, C. (2012). The potential for using visual elicitation in understanding preschool teachers' beliefs of appropriate educational practices. *South African Journal of Education*, 32(4), 393-405.
- Ryan, K. E., Gandha, T., Culbertson, M. J., & Carlson, C. (2014). Focus group evidence: Implications for design and analysis. *American Journal of Evaluation*, 35, 328-345.
- Saldaña, J. (2013). *The coding manual for qualitative researchers* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Shaw, D. (2013). A new look at an old research method: Photo-elicitation. *TESOL Journal*, 4, 785-799.
- Smith, E. F., Gidlow, B., & Steel, G. (2012). Engaging adolescent participants in academic research: The use of photo-elicitation interviews to evaluate school-based outdoor education programmes. *Qualitative Research*, 12(4), 367-387.
- Stayton, V. D., Miller, P. S., & Dinnebeil, L. A. (Eds.). (2003). *DEC personnel preparation in early childhood special education: Implementing the DEC Recommended Practices*. Longmont, CO: Sopris West.
- Stinnett, N., & DeFrain, J. (1985). *Secrets of strong families*. Boston, MA: Little, Brown.
- Stockall, N. (2013). Photo-elicitation and visual semiotics: A unique methodology for studying inclusion for children with disabilities. *International Journal of Inclusive Education*, 17(3), 310-328.
- Stockall, N., & Davis, S. (2011). Uncovering pre-service teacher beliefs about young children: A photographic elicitation methodology. *Issues in Educational Research*, 21(2), 192-209.

- Tandon, S. D., Mercer, C. D., Saylor, E. L., & Duggan, A. K. (2008). Paraprofessional home visitors' perspectives on addressing poor mental health, substance abuse, and domestic violence: A qualitative study. *Early Childhood Research Quarterly, 23*, 419-428.
- Taylor, S. J., & Bogdan, R. (1998). *Introduction to qualitative research methods: A guidebook and resource* (3rd ed.). New York, NY: John Wiley & Sons, Inc.
- Torre, D., & Murphy, J. (2015). A different lens: Using photo-elicitation interviews in education research. *Education Policy Analysis Archives, 23*(111), <https://dx.doi.org/10.14507/epaa.v23.2051>
- Tracy, S. J. (2013). *Qualitative research methods: Collecting evidence, crafting analysis, communicating impact*. Hoboken, NJ: Wiley-Blackwell.
- Tran, Y. (2014). Addressing reciprocity between families and schools: Why these bridges are instrumental for students' academic success. *Improving Schools, 17*, 18-29.
- Trivette, C. M., & Dunst, C. J. (2004). Evaluating family-based practices: Parenting experiences scale. *Young Exceptional Children, 7*(3), 12-19.
- Trivette, C. M., Dunst, C. J., & Hamby, D. W. (2010). Influences of family-systems intervention practices on parent-child interactions and child development. *Topics in Early Childhood Special Education, 30*, 3-19.
- Turnbull, A. P., Turbiville, V., & Turnbull, H. R. (2000). Evolution of family-professional partnerships: Collective empowerment as the model for the early twenty-first century. In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (2nd ed., pp. 630-650). New York, NY: Cambridge University Press.

- Turnbull, A., Turnbull, H. R., Erwin, E. J., Soodak, L. C., & Shogren, K. A. (2015). *Families, professionals, and exceptionality: Positive outcomes through partnerships and trust* (7th ed.). Upper Saddle River, NJ: Merrill/Prentice Hall.
- Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry*, 81, 1-17.
- U.S. Census Bureau. (2010) *2010 census interactive population search*. Retrieved from <https://www.census.gov/2010census/popmap/ipmtext.php>
- U.S. Department of Health and Human Services Administration for Children and Families Office of Head Start. (2011). *The Head Start parent, family, and community engagement framework: Promoting family engagement and school readiness, from prenatal to age 8*. Retrieved from <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/pfce-framework.pdf>
- U.S. Department of Health and Human Services Administration for Children and Families Office of Head Start. (2013). *Head Start father engagement birth to five programming guide*. Retrieved from <http://www.cantasd.org/wp-content/uploads/birth-to-five-programming-guide.pdf>
- U.S. Department of Health and Human Services Administration for Children and Families Office of Head Start. (2015). *Family and teacher/provider relationship quality: Family services staff measure*. Retrieved from <https://www.acf.hhs.gov/opre/research/project/development-of-a-measure-of-family-and-provider-teacher-relationship-quality-fptrq>
- U.S. Department of Health and Human Services Administration for Children and Families Office of Head Start. (2015). *Notice of proposed rulemaking summary*. Retrieved from

<https://www.federalregister.gov/articles/2015/06/19/2015-14379/head-start-performance-standards>

U.S. Department of Health and Human Services Administration for Children and Families Office of Head Start. (2016). *Head Start program performance standards*. Retrieved from <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/hspps-appendix.pdf>

U.S. Department of Health and Human Services Administration for Children and Families Office of Head Start. (2017). *Program information report: Summary report* [Data file]. Retrieved from <https://hses.ohs.acf.hhs.gov/pir/home>

U.S. Department of Health and Human Services and U.S. Department of Education. (2016). *Policy statement on family engagement from the early years to the early grades*. Retrieved from https://www.acf.hhs.gov/sites/default/files/ecd/draft_hhs_ed_family_engagement.pdf

U.S. Department of Health and Human Services and U.S. Department of Education. (2016). *National Center on Parent, Family, and Community Engagement*. Retrieved from <https://eclkc.ohs.acf.hhs.gov/about-us/article/national-center-parent-family-community-engagement-ncpfce>

Vogt, W. J., & Johnson, R. B. (2011). *Dictionary of statistics and methodology: A nontechnical guide for the social sciences* (4th Ed.). Thousand Oaks, CA: Sage.

Weiss, H., Casper, M., & Lopez, M. E. (2008). Family involvement promotes success for young children: A review of recent research. In M. M. Cornish (Ed.), *Promising practices for partnering with families in the early years* (pp. 1-19). Charlotte, NC: Information Age Publishing, Inc.

Zajicek-Farber, M. L., Wall, S. M., Kisker, E. E., Luze, G. J., & Summers, J. A. (2011).

Comparing service use of Early Head Start families of children with and without disabilities. *Journal of Family Social Work, 14*, 159-178.

Appendix A

Tables and Figures

Table A1

Literature Review Matrix

Authors & date	Purpose of study	Participants	Methodology	Major findings
Bezdek, J., Summers, J. A., & Turnbull, A. (2010)	Explore professionals' perceptions of parent-professional partnerships	20 total: OT/PT/SLP SpEd teachers, paraprofessionals, and health professionals	Survey Interviews	-gap between family-centered language and actions -"Goldilocks" perception (i.e., there is a "just right" level of partnership) -parental blame
Bruder, M. B., Dunst, C. J., Wilson, C., & Stayton, V. (2013)	Examines the effects of different preservice and in-service variables on self-confidence and self-competence measures	1,001 Part C EI practitioners and 667 Part B preschool practitioners	Survey	-Preservice preparedness and in-service intensity served as the best predictors of practitioner competence and confidence
Cummings, K. P., Sills-Busio, D., Barker, A. F., & Dobbins, N. (2015)	Examine the perspectives of parents and child care professionals on the PEERS model (Partnerships in Early Education: Relationships with Supports training model)	9 parents of children with disabilities 4 child care providers or administrators in inclusive settings	Interviews	-participants understood the purpose of the PEERS model -Training supported their ability to partner with each other -Training climate was open to diverse perspectives and garnering skill development -Provided resources promoted participation

(continued)

Table A1 (continued)

Authors & date	Purpose of study	Participants	Methodology	Major findings
Dinnebeil, L. A., Hale, L., & Rule, S. (1999)	Explore parents' and service coordinators' perceptions of program practices that affected collaboration	397 parents and 226 service coordinators	Survey	-program philosophy, management and delivery of services (staffing and scheduling), "flexibility," home visits, team members sharing information and working together, attitudes, skills, and abilities of program personnel funding, relationships to other agencies, and bureaucratic demands
Duggan, A. K., Fuddy, L., Burrell, L., Higman, S. M., McFarlane, E., Windham, A., & Sia, C. (2004)	Assess the impact of a home visiting program in reducing parental risk factors for child abuse in families of newborns	373 families receiving home visit services 270 control families Home visitors	Survey	-parental risks for child abuse were common at baseline -no significant program effect on any risk or on at-risk mother's desire for and use of community services to address risks -home visitors often failed to recognize parental risks and seldom linked families with community resources
Dunst, C. J., & Dempsey, I. (2007)	Clarify the nature of relationships between parents and professionals and to offer guidance to professionals seeking to use parent-professional partnerships to accomplish desired outcomes	150 parents and caregivers of infants/toddlers, and preschoolers with disabilities	Survey	-higher partnership scores were related to increased feelings of empowerment -child variables accounted for a small, but statistically significant amount of variance in the empowerment measures -parents of children with a disability reported a greater sense of personal control and self-efficacy

(continued)

Table A1 (continued)

Authors & date	Purpose of study	Participants	Methodology	Major findings
Ekas, N. V., Lickenbrock, D. M., & Whitman, T. L. (2010)	Examined the relationships between optimism, informal social support, and well-being in a sample of mothers of children with ASD	119 mothers	Survey	-Higher levels of optimism were associated with increased positive outcomes and decreased negative outcomes -social support supports mothers with becoming or remaining optimistic
Emerson, E., Hatton, C., Llewellyn, G., Blacker, J., & Graham, H. (2006)	Estimate the extent to which differences in the well-being of mothers of children who do and do not have intellectual disabilities are related in socio-economic position	7352 families	Secondary Analysis Survey Interviews	Results suggest that a statistically and socially significant proportion of the elevated risk for poorer well-being among mothers of children with ID in the UK may be attributed to their relatively poor socio-economic position
Epley, P., Gotto IV, G. S., Summers, J. A., Brotherson, M. J., Turnbull, A. P., & Friend, A. (2010)	Examine the relationship between administrative structures, practitioner practices, and family supports and services in EI	2 case study sites 16 practitioners (including 2 program administrators) 14 families	Case Study Observation Interviews	Three key administrative structures that are important—vision/leadership, organizational climate, and resources
Farber, M. L. Z., & Maharaj, R. (2005)	Evaluate the effectiveness of a parent education curriculum focused on high-risk African American families caring for children with developmental delays	39 family members	Survey	-participation in the program showed statistically significant increases in empowerment and hope scores -reduction in mean aggression score -improvement in parenting abilities and interaction with children

(continued)

Table A1 (continued)

Authors & date	Purpose of study	Participants	Methodology	Major findings
Farrugia, D. (2009)	Evaluate and reconstruct the stigmatization of parents caring for children with autism	16 participants (11 mother and 5 fathers)	Interviews	<ul style="list-style-type: none"> -diagnosis was seen as positive as it provided answers -the influence a child with ASD has on family life can be challenging—routine is key. These routines can lead to stigmatization. -Parents attributed stigma to a rejection of the medical diagnosis
Fleming, J. L., Sawyer, L. B., & Campbell, P. H. (2011)	Explore providers' perspectives about working with families and children and to identify differences associated with the types of services providers used (i.e., traditional vs. participation based)	31 providers (19 classified as participation based and 12 classified as traditional)	Video Analysis Interviews	<ul style="list-style-type: none"> -incomplete understanding of participation-based services -provider role of advancing children's development, not participation in activities and routines -caregiver role as involved, not teacher of the child -ability/inability for optimal service provision attributed to caregivers
Frith, H., & Harcourt, D. (2007)	Examines the value of using photo elicitation for generating health-related narratives	15 women	Interviews Photo Elicitation	<ul style="list-style-type: none"> -participants should be encouraged to be creative -the conversations based on the photos are as important as the photos themselves -photo elicitation can be useful for capturing events over time

(continued)

Table A1 (continued)

Authors & date	Purpose of study	Participants	Methodology	Major findings
Frith, H., & Harcourt, D. (2007) (continued)				-photo elicitation allows participants to retain control over how and when they engage in research -provides access to the private, everyday worlds of patients away from a hospital setting
Harden, B. J., Denmark, N., & Saul, D. (2010)	Examines characteristics and experiences of Early Head Start home visitors.	7 EHS home visitors	Case Study Interviews Focus Groups Document Analysis Card Sorts Survey	-staff stress was a major theme -range of attitudes about families (especially those living in poverty) understanding to critical -challenges included difficulty identifying and addressing mental health needs, maintaining professional boundaries and facilitating parent-infant interactions -overwhelmed with numerous responsibilities outlined by the agency (lack of control)
Hastings, R. P., Kovshoff, H., Brown, T., Ward, N. J., Espinosa, F. D., & Remington, B. (2005)	Explored the structure of coping strategies by parents of children with autism and explores associations between parental coping strategies and parental stress and mental health	74 mothers 61 fathers	Survey	4 coping dimensions: active avoidance, problem-focused, positive, religious -active avoidance coping was related to more stress and mental health issues -positive coping may be one of the only effective coping strategies

(continued)

Table A1 (continued)

Authors & date	Purpose of study	Participants	Methodology	Major findings
Izumi-Taylor, S., Ito, Y., & Krissell, M. (2016)	Examine American and Japanese Kindergarteners' perception of play using photo elicitation	44 US Kindergarteners 50 Japanese Kindergarteners 5 US Teachers 3 Japanese Teachers	Photo Elicitation Interviews	-Photography can provide educators with students' perspectives of their school lives -Students were able to represent their thoughts, feelings, actions, and memories that they might not otherwise be able to convey
Kelly, J. F., Zuckerman, T., & Rosenblatt, S. (2008)	Explores how to improve the relationship-focused skills of personnel serving young children (0-3) with disabilities and their families (used a particular curriculum)	14 service providers 14 mother/child dyads	Interviews Video Analysis	-Mothers behavior positively changed in the areas of social-emotional growth fostering, cognitive growth fostering, and parent's contingency -Providers behavior positively changed in the areas of responsiveness to parent and contingency to parent
Knoche, L. L., Sheridan, S. M., Edwards, C. P., & Osborn, A. Q. (2010)	Examine implementation efforts of early childhood providers using the Getting Ready intervention with families	38 Early Head Start professionals 27 Head Start professionals	Video Analysis	-Professionals who used the Getting Ready intervention engaged in more intervention strategies and more effectively engaged parents than those who did not

(continued)

Table A1 (continued)

Authors & date	Purpose of study	Participants	Methodology	Major findings
Korfmacher, J., Green, B., Staerkel, F., Peterson, C., Cook, G., Roggman, L., . . . Schiffman, R. (2008)	Explores the helping relationship using the Helper- Client Relationship Inventory	17 Early Head Start programs 1190 families	Analysis of existing data from the EHS National Research and Evaluation Study Interviews Document Analysis	-The helping relationship between mothers and home visitors plays a major role in parent involvement -The helping relationship predicted the amount of time that mothers spent in the program -How mothers rated the quality of the relationship was associated with how home visitors viewed families' involvement
LaForett, D. R., & Mendez, J. L. (2010)	Examined associations among parent involvement, parental depression, and program satisfaction among low- income African American Head Start families	203 families (190 were mothers)	Survey	-Mothers who reported being sometimes depressed reported less involvement in home and school- based activities and fewer interactions with the teacher -Higher levels of parent involvement were associated with an increased likelihood that parents were satisfied with the Head Start program
McConnell, D., Savage, A., & Breitkreuz, R. (2014)	Investigate the relationship between child behavior problems, social-ecological resource-fit and positive family adaptation	538 families (475 of these families were caring for a child with disabilities between the ages of 4 and 18)	Survey Interviews	-Families with high levels of social support and/or low levels of financial hardship had average or above average levels of family life congruence even in the face of challenging child behaviors -Families with low support and high financial hardship struggled

(continued)

Table A1 (continued)

Authors & date	Purpose of study	Participants	Methodology	Major findings
Olsson, M. B., Larsman, P., & Hwang, P. C. (2008)	Investigate the nature and function of the relationship among level of risk, sense of coherence and well-being over time of parents of preschoolers with and without intellectual disabilities	Participants who completed the pre- and post-test survey respectively included control mothers: 178/131, control fathers 141/97, Mothers of kids w/ ID: 62/46 Fathers of kids w/ ID: 49/37	Survey	-level of well-being was moderately stable over time with parents of children with ID having a lower level of well-being than control parents -well-being was related to level of sense of coherence and cumulative risk
Popp, T. K., & You, H. K. (2016)	Explored parental satisfaction between family involvement in EI service planning and parental self-efficacy	2,586 families enrolled in EI	Secondary Data Analysis (NEILS)	-families who are involved in service planning from the beginning has indirect positive effects on parental self-efficacy -satisfaction with providers may mediate the relation between family involvement in service planning and self-efficacy
Quesenberry, A. C., Hemmeter, M. L., & Ostrosky, M. M. (2011)	Explore the extent to which HS develops and implements policies and procedures using tiered models of support to address social-emotional development and to and address challenging behavior	6 HS programs (chosen based on quality and implementation of behavior policies and practices—3 programs rated high and 3 rated low)	Rubric Interviews Document Analysis	-On a 7 point rubric, the 6 HS programs ranged from 1.4-7 (mean score) -Programs that scored high in 1 area were more likely to score high in the others as well. Same for programs scoring low -Involving families was scored highest across all 6 programs—may be due to HS's policy on doing so

(continued)

Table A1 (continued)

Authors & date	Purpose of study	Participants	Methodology	Major findings
Resch, J. A., Mireles, G., Benz, M. R., Grenwelge, C., Peterson, R., & Zhang, D. (2010)	Identify specific sources of challenges related to raising a child with a disability based on parents' perceptions	40 parents (36 mothers and 4 fathers)	Focus Groups	-4 factors influenced parental wellbeing including access to information and services, financial barriers to obtaining services, school and community inclusion, and family support
Ruto-Korir, R., & Lubbe-De Beer, C. (2012)	Explored the use of video and photo elicitation to understand how preschool teachers perceive and construct how they provide educational experiences	4 female ECE teachers	Photo Elicitation Video Analysis	-contextual background beyond visual data is important to fully understand practices -photographs provided contextual detail that otherwise might have been taken for granted -learned things that people might be unwilling to talk about
Shaw, D. (2013)	Explore perceptions of the differences between the educational environment in Saudi Arabia and the US	25 Saudi Arabian undergraduate and graduate students	Photo Elicitation Interviews Focus Groups	-the use of participant-selected photographs is that the participant takes the lead, invites open expression, sharpens memory, relieves participants' stress of being interviewed, highlights dynamics or insights not found by other methods, and breaks the researchers' frame

(continued)

Table A1 (continued)

Authors & date	Purpose of study	Participants	Methodology	Major findings
Smith, E. F., Gidlow, B., & Steel, G. (2012)	Examine the strengths and weaknesses of using photo elicitation	34 secondary school students (ages 14-15) who attended a residential outdoor education program	Photo Elicitation	-it was not the photographs themselves that were important—it was the meaning and significance placed on the photograph that is of research interest -the first-hand account of what is going on within the image paired with the image creates meaning for the photographer
Stockall, N. (2013)	Explore how visual semiotics can influence the construction and discovery of ideologies of inclusion for children with disabilities	1 rural elementary school engaged in a professional development partnership with a local university	Photo Elicitation	-the use of visuals alongside dialogue helped illuminate perceptions -the iterative process was helpful
Stockall, N., & Davis, S. (2011)	Explores how photo elicitation, interviews, and semiotic analysis can support pre-service students' beliefs about young children	20 pre-service teachers in a sophomore early childhood course on science methods	Photo Elicitation Interviews	-visuals (photographs) and interactive dialogue can assist pre-service teachers with uncovering hidden assumptions that guide practice
Tandon, S. D., Mercer, C. D., Saylor, E. L., & Duggan, A. K. (2008)	Examines paraprofessional home visitors' perceptions of training addressing mental health, substance abuse, and domestic violence	28 paraprofessional home visitors	Focus Groups	-difficult to address these pressing needs as well as their original purpose of doing home visits -training provided them with knowledge, but not the skills to impact change

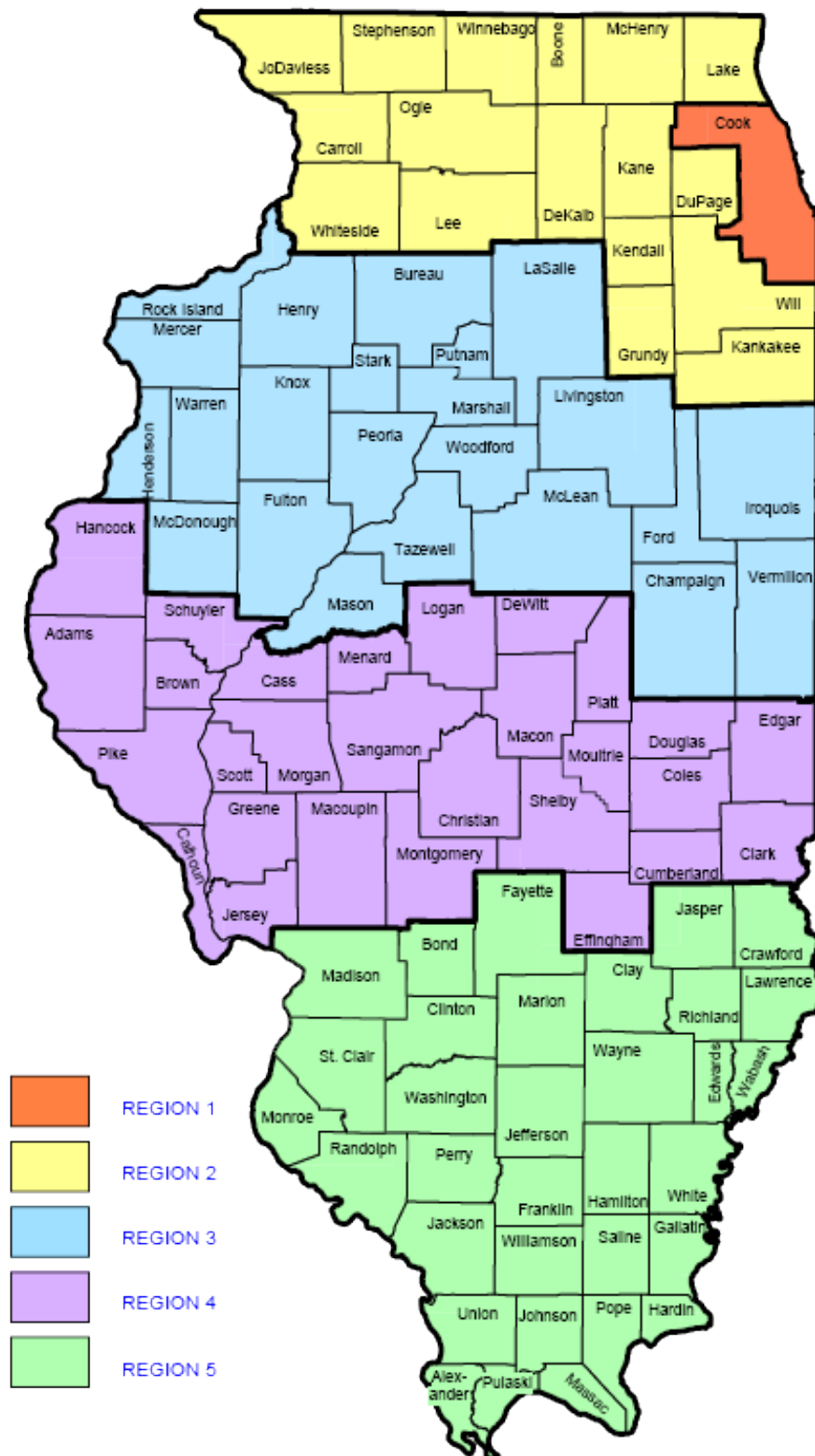


Figure A1. Department of Human Services (DHS) Region Map for Midwestern State

Table A2

Initial Recruitment Efforts Based on DHS Region

Recruitment	Region 1	Region 2	Region 3	Region 4	Region 5	Total
Number of grantees contacted	5	5	4	5	3	22
Yes	0	2	1	2	0 ^a	5
No	0	0	0	0	2	2
No response	5	3	3	3	1	15

^aIt should be noted that a grantee based in Region 4 had Head Start programs within Region 5; therefore, recruitment materials were disseminated to those programs as well.

Table A3

Participating Children and Families from Midwestern State

Region	Number of children/families
Region 1	3 children/3 families
Region 2	2 children/2 families
Region 3	8 children/8 families
Region 4	6 children/2 families
Region 5	0 children/0 families

Table A4

Demographics of Photo Elicitation Interview Participants (N = 19)

Demographics	N (%)
Gender	
Female	18 (95%)
Male	1 (5%)
Role	
Biological mother	15 (79%)
Adoptive mother	1 (5%)
Father	1 (5%)
Adoptive grandmother	2 (11%)
Family Composition ^a	
Mother/Father (legal guardians) cohabitating	12 (67%)
Mother only	6 (33%)
Number of Children in Home*	
1	5 (28%)
2	8 (44%)
3	2 (11%)
4	3 (17%)

^aBased on the 18 family units represented.

Table A5

Demographics of Children Depicted in Photo Elicitation Interviews (N = 24)

Demographics	N (%)
Gender	
Female	12 (50%)
Male	12 (50%)
Age	
< 12 months	3 (12%)
12-24 months	1 (4%)
2 years	8 (33%)
3 years	4 (17%)
4 years	4 (17%)
5 years	4 (17%)
Location of services	
Home-based	4 (17%)
Center-based	20 (83%)
Developmental delay or disability	
Speech/Language	9 (38%)
Autism	2 (8%)
Down syndrome	1 (4%)
Prematurity	2 (8%)
Global delays	5 (21%)
Other medical conditions ^a	5 (21%)

^aMedical conditions included: Pompe disease, seizure disorder, prenatal drug/alcohol exposure/cancer, cleft lip/palate, and Axenfeld-Rieger Syndrome.

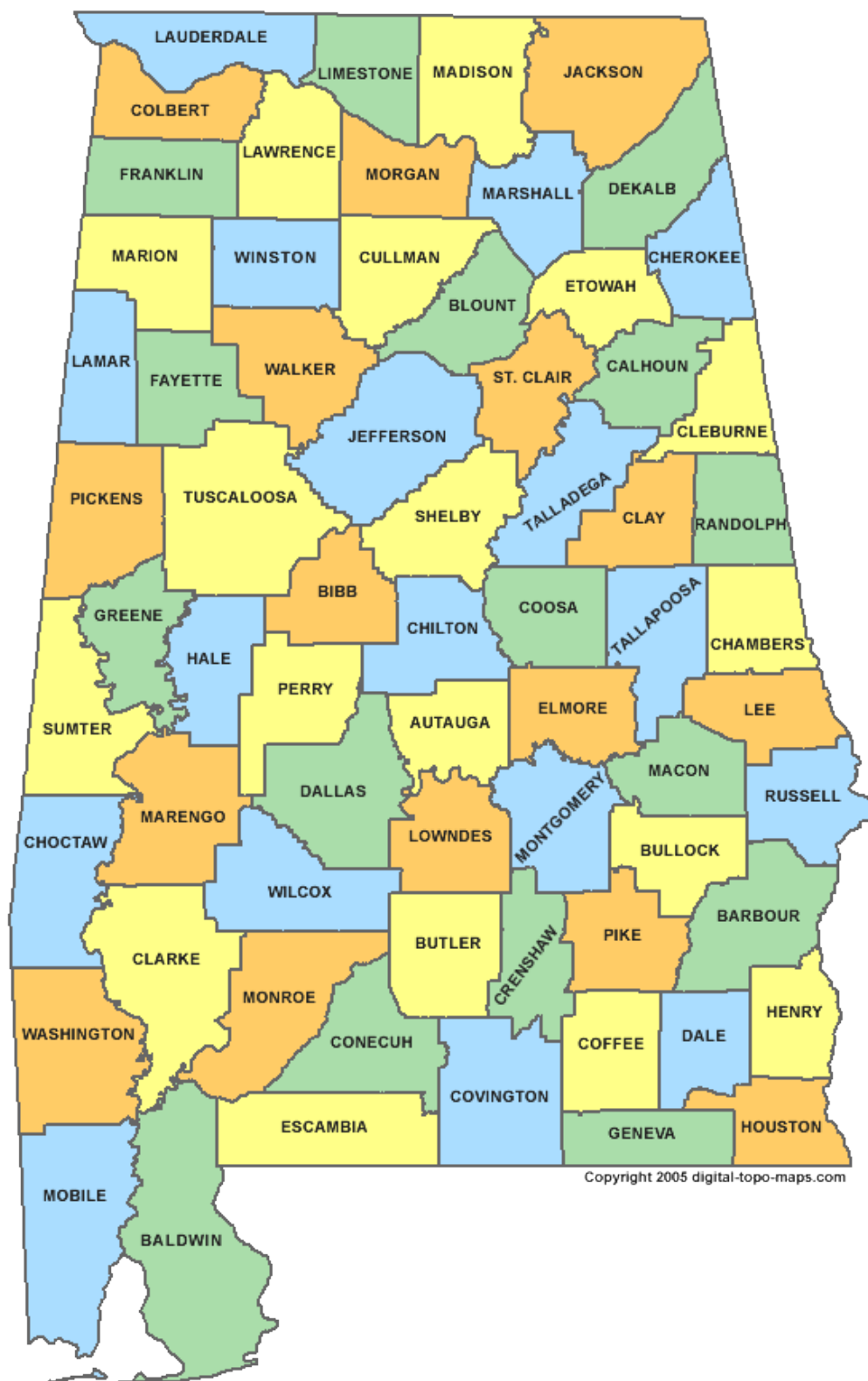


Figure A2. County map of southern state.

Table A6

Demographics of Focus Group Participants (N = 16)

Demographics	N (%)
Gender	
Female	15 (94%)
Male	1 (6%)
Age ^a	
< 24 years	1 (6%)
25-34 years	3 (19%)
35-44 years	7 (44%)
45-54 years	1 (6%)
>55 years	3 (19%)
Unknown	1 (6%)
Race ^b	
White	9 (56%)
Black or African American	4 (25%)
Unknown	3 (19%)
Hispanic or Latino origin ^b	
Yes	0 (0%)
No	13 (81%)
Unknown	3 (19%)
Level of education ^a	
Bachelor's degree	11 (69%)
Associate's degree	4 (25%)
Unknown	1 (6%)
Years working in the field ^a	
<1 year	1 (6%)
1-4 years	6 (38%)
5-9 years	3 (19%)
10+ years	5 (31%)
Unknown	1 (6%)
Number of families currently serving ^a	
0-29 families	2 (13%)
30-59 families	10 (63%)
60+ families	3 (19%)
Unknown	1 (6%)
Number of families caring for a child with a disability ^a	
0-2 families	5 (31.25%)
3-5 families	9 (56.25%)
6+ families	1 (6.25%)
Unknown	1 (6.25%)

^a n = 15. ^b n = 13.

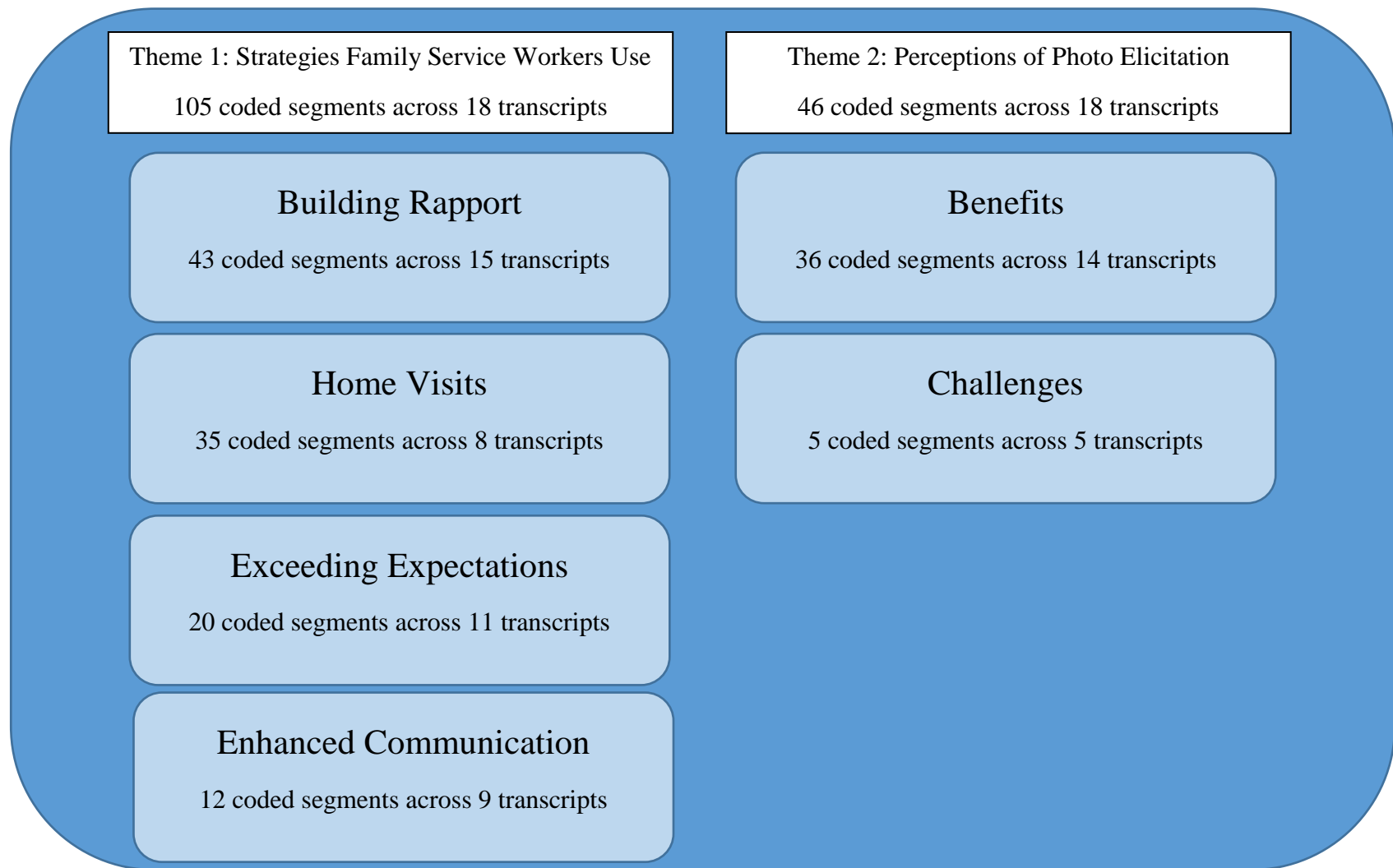


Figure A3. Codes by theme derived from photo elicitation interviews with Head Start families.

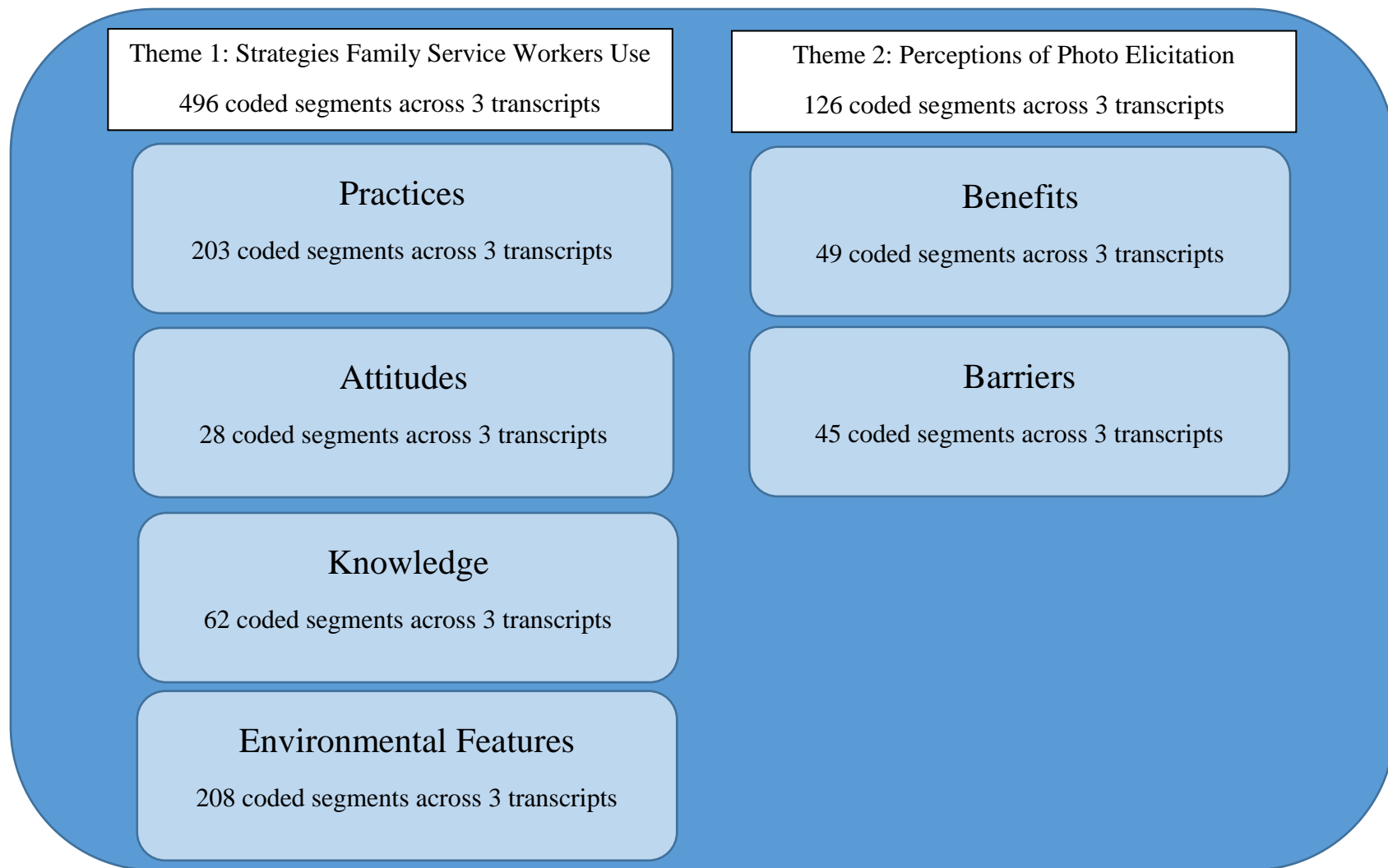


Figure A4. Codes by theme derived from focus groups with family service workers.

Appendix B

Family Service Worker Demographic Survey

- 1) Gender: Male Female Other
- 2) Age: <24 25-34 35-44 45-54 55+
- 3) City/zip code for the Head Start center(s) you serve: _____
- 4) Do you currently work with families caring for a young child with a disability? (Circle One) **Yes** **No**
- 5) If you answered **no**, have you ever worked with families caring for a young child with a disability? (Circle One) **Yes** **No**
- 6) How many families do you currently serve? _____
- 7) How many families caring for a young child with a disability do you currently serve? _____
- 8) How many years have you been working in this field? _____
- 9) How many Head Start centers do you currently serve? _____
- 10) How long have you worked at your current Head Start center(s)? _____
- 11) Do you have children living in your household who attend Head Start/Early Head Start now? **Yes** **No**
- 12) Did you ever have a child in your household who attended Head Start/Early Head Start? **Yes** **No**
- 13) Do you have a Child Developmental Associate (CDA) credential? **Yes** **No**
- 14) Do you have some type of family services credential that supports competency in working with families? **Yes** **No**
If yes, what is the name of the credential? _____
- 15) What is the highest level of education you have completed? (Circle One)

Less than a high school diploma
High school diploma or GED
Some college, no degree
Associate's degree

Bachelor's degree

Graduate school degree

16) Are you of Hispanic or Latino origin? (Circle One)

Yes

No

17) What is your race? (Circle all that apply)

White

Black or African American

American Indian or Alaska Native

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander

**Taken from the FPTRQ Family Services Staff Measure*

Appendix C

Photo Elicitation Protocol

Initial conversation with the family:

Thank you for your willingness to assist me with my dissertation study. I am interested in learning how family's caring for young children with disabilities and their Head Start Family Service Workers build effective, collaborative relationships with one another. In particular, I am exploring how photo elicitation may support families in "telling their story." What I would like you to do is to take this disposable camera or use your personal camera to take pictures of anything at all that you feel would help a Head Start professional better understand what it is like to care for a child with a disability. You might want to think about it as "a day in the life" of your family. You can take a picture of whatever you want. Your child does not even have to be in the picture. This is your story, so only you can determine how it should be told. *(Provide examples if the parent seems to be confused about what to take photographs of. Examples should be general enough so that they are not lead in a particular direction. I will provide an example of my "day in the life" as it relates to getting my three children ready for school in the morning.)* After approximately 1 week, I will collect the camera (if using a disposable camera) and will have the photographs developed, with 1 copy for me and 1 copy for you to keep. We will then go through each photograph and I'll ask you 3 questions: (1) "What is going on in this picture?" (2) "How does this photograph help you tell your family's story?" and (3) "How might this photograph help your Head Start Family Service Worker understand how to best support your family?" Please know that if you feel a particular photograph is too difficult to talk about, we can move to the next photograph. Once we have gone through all of your photographs and answered the three questions, I would like to follow up with some additional questions. Does this still sound like an activity you would be willing to do? Great! *(Explain that when we meet, they will be asked to sign a consent form outlining what will be done with their information. Explain that they will receive an incentive at the end of their participation. I will also arrange to provide them with a disposable camera, if needed, and make sure they know how to use it. We will schedule our follow-up meeting for a date and time of their convenience.)*

During the photo elicitation interview:

Thank you again for your willingness to help me with my study. How did the last week of taking photographs go? *(Before going through each photograph, I will review the consents and have them sign the required paperwork. If they have used a disposable camera, I will give the family their copy of the photographs and we will go through each one individually while I ask the three aforementioned questions.)*

Additional questions to be asked as a follow-up:

- Tell me about your relationship with your Head Start Family Service Worker.
- How does your Head Start Family Service Worker support your family?
- What has he/she done to get to know your family?
- Do you feel these strategies are effective? Why or why not?
- Do you feel like taking photographs of your life to share with them would be an effective strategy? Why or why not?

-What other recommendations might you have for a Head Start professional that wants to build an effective, collaborative relationship with you and your family?
Anything else you would like to share? If not, I again want to thank you for your participation.

Appendix D

Informed Consent Form (Photo Elicitation)

Would You Like to Hear a Story? Exploring Photo Elicitation as a Means of Engaging Families of Young Children with Disabilities in Head Start

My name is Kimberly Hile. I am a Doctoral candidate in the Department of Special Education at the University of Illinois at Urbana-Champaign. I am interested in learning more about the relationship between Head Start Family Service Workers and Head Start families caring for young children with disabilities. Specifically, I would like to explore facilitators and barriers to forming collaborative relationships in order to identify and meet the needs of families. As a Head Start family caring for a young child with a disability, I would like to hear about your individual experiences in this role. This letter is to invite you to participate in the photo elicitation component of this project. As a way to thank you for your participation, you will receive a \$50 Amazon gift card upon completion.

As a reminder, the photo elicitation component of this study will provide Head Start families caring for young children with disabilities the opportunity to “tell their story.” You will either be provided with a disposable camera or given the option to take photographs with your own digital camera or camera phone and given a week to take photographs that could assist in telling your family’s story of what it is like to care for a young child with a disability. At the end of the week, I will retrieve the camera or digital photos and will develop the photos. We will then meet for between 60-90 minutes to go through each photograph with you answering two questions: (1) “How does this photograph help you tell your family’s story?” and (2) “How might this photograph help your Head Start Family Service Worker understand how to best support your family?” These two questions will be followed up with open-ended questions related to the Family and Provider/Teacher Relationship Quality: Family Services Staff Parent Measure you previously completed.

Your participation in this project is completely voluntary. Please be aware that your enrollment with Head Start will not be impacted by your participation or lack thereof. We do not anticipate any risks associated with participation greater than those that exist in daily life. You are also free to skip any questions or withdraw your permission from the project at any time and for any reason without penalty. The names and identities of all participants in the project will be kept completely confidential throughout the project. No participant will be identified in any notes, or project report. All project data will be kept in a locked and secure location. All audiotapes and digital recordings will be destroyed five years after the project is completed.

A final written report of project results will be disseminated via publication in scholarly journals and presentations at various professional conferences, all without any identifying information.

In general, we will not tell anyone any information about you. When this research is discussed or published, no one will know that you were in the study. However, laws and university rules might require us to disclose study information. For example, if required by laws or University Policy, study information may be seen or copied by the following people or groups:

- The university committee and office that reviews and approves research studies, the Institutional Review Board (IRB) and Office for Protection of Research Subjects;

-University and state auditors, and Departments of the university responsible for oversight of research;

-Federal government regulatory agencies such as the Office of Human Research Protections in the Department of Health and Human Services;

If you have any questions about this project, please contact Kimberly Hile at 217-898-3104 or khile@illinois.edu. You may also contact Dr. Amy Santos at 217-244-3558 or rsantos@illinois.edu. If you have any questions about your rights as a research participant, please contact the University of Illinois Institutional Review Board at 217-333-2670 or irb@illinois.edu.

On the next page of this letter, please indicate whether you **do or do not** want to participate in this project. Please keep the letter itself for your records.

Sincerely,

Kimberly Hile
Doctoral Candidate, University of Illinois at Urbana-Champaign

Consent Form for the Photo Elicitation Component (for Head Start families)

Would You Like to Hear a Story? Exploring Photo Elicitation as a Means of Engaging Families
of Young Children with Disabilities in Head Start

I agree to participate in the project described above. _____yes _____no

I agree to allow my participation to be audio-recorded
for the purposes of transcription only. _____yes _____no

I agree to allow **all** of the photographs I take to be used
within manuscripts submitted for publication to journals. _____yes _____no

I agree to allow **only those photographs that do not
include my child(ren)** to be used within manuscripts
submitted for publication to journals. _____yes _____no

I agree to allow **all** of the photographs I take to be used
when presenting findings from the study at professional
conferences. _____yes _____no

I agree to allow **only those photographs that do not
include my child(ren)** to be used when presenting findings
from the study at professional conferences. _____yes _____no

I understand that I will receive a \$50 Amazon gift card
at the end of my participation. _____yes _____no

(Print) Name

Signature

Date

Appendix E

Amazon™ Form for Photo Elicitation Participants

September 2017

Dear Participant,

Thank you for participating in the photo elicitation component of this research study. Please fill out the following form so that I can purchase your \$50 Amazon gift card through our business office.

U.S. Citizen*	Please underline your response: Yes / No
Full Name	
Personal Home Address (street, city, state and zip code)	
Amount of Gift	\$50 Amazon Gift Card
Email Address	
Please sign or enter "X" to verify the above information is correct.	

* Please note gift cards can be sent to U.S. citizens only.

Upon receipt of this form, I will email your gift card via the email address you have provided. If you have any questions please contact Kimberly Hile by email at khile@illinois.edu or by phone at (217) 898-3104.

Thank you for your assistance,

Kimberly Hile
Doctoral Candidate
Department of Special Education
University of Illinois Urbana-Champaign

Dr. Amy Santos
Professor
Department of Special Education
University of Illinois Urbana-Champaign

Appendix F

Informed Consent Form (Focus Group)

Would You Like to Hear a Story? Exploring Photo Elicitation as a Means of Engaging Families of Young Children with Disabilities in Head Start

My name is Kimberly Hile. I am a Doctoral candidate in the Department of Special Education at the University of Illinois at Urbana-Champaign. I am interested in learning more about the relationship between Head Start Family Service Workers and Head Start families caring for young children with disabilities. Specifically, I would like to explore facilitators and barriers to forming collaborative relationships in order to identify and meet the needs of families. As a Head Start Family Service Worker, I would like to hear about your individual experiences in this role. This letter is to invite you to participate in the focus group part of this project. As a way to thank you for your participation in the focus group, you will receive a \$50 Amazon gift card upon completion. During the focus group we will discuss in some depth your experiences as a Head Start Family Service Worker, focusing specifically on facilitators and barriers to forming collaborative relationships with Head Start families caring for young children with disabilities. We will also spend time discussing photo elicitation and your feelings regarding the use of this strategy for learning a family's story. The focus group will require approximately 60-90 minutes of your time. The focus group will be recorded with your permission, for transcription purposes only. Handwritten notes will also be taken to record your responses.

Your participation in this project is completely voluntary. Please be aware that your employment with Head Start will not be impacted by your participation or lack thereof. We do not anticipate any risks associated with participation greater than those that exist in daily life. You are also free to skip any questions or withdraw your permission from the project at any time and for any reason without penalty. The names and identities of all participants in the project will be kept completely confidential throughout the project. No participant will be identified in any notes, or project report. All project data will be kept in a locked and secure location. All audiotapes and digital recordings will be destroyed five years after the project is completed. While the researchers will maintain complete confidentiality, they cannot guarantee that other focus group members will not speak about topics discussed during the focus group.

A final written report of project results will be disseminated via publication in scholarly journals and presentations at various professional conferences, all without any identifying information.

In general, we will not tell anyone any information about you. When this research is discussed or published, no one will know that you were in the study. However, laws and university rules might require us to disclose study information. For example, if required by laws or University Policy, study information may be seen or copied by the following people or groups:

- The university committee and office that reviews and approves research studies, the Institutional Review Board (IRB) and Office for Protection of Research Subjects;

-University and state auditors, and Departments of the university responsible for oversight of research;

-Federal government regulatory agencies such as the Office of Human Research Protections in the Department of Health and Human Services;

If you have any questions about this project, please contact Kimberly Hile at 217-898-3104 or khile@illinois.edu. You may also contact Dr. Amy Santos at 217-244-3558 or rsantos@illinois.edu. If you have any questions about your rights as a research participant, please contact the University of Illinois Institutional Review Board at 217-333-2670 or irb@illinois.edu. On the next page of this letter, please indicate whether you **do or do not** want to participate in this project. Please keep the letter itself for your records.

Sincerely,

Kimberly Hile
Doctoral Candidate, University of Illinois at Urbana-Champaign

Consent Form for the Focus Groups (for Head Start Family Service Workers)

Would You Like to Hear a Story? Exploring Photo Elicitation as a Means of Engaging Families
of Young Children with Disabilities in Head Start

I agree to participate in the project described above. _____yes _____no

I agree to allow my participation to be audio-recorded
for the purposes of transcription only. _____yes _____no

I understand that I will receive a \$50 Amazon gift card
at the completion of my participation. _____yes _____no

(Print) Name

Signature

Date

Appendix G

Focus Group Protocol

****Will have all participants sign the consent as well as required paperwork to receive the incentive at the end of the focus group.**

I want to thank each of you for participating in this focus group. I appreciate your willingness to take time out of your busy schedule to participate in a discussion regarding your experiences as Head Start Family Service Workers with experience supporting families caring for young children with disabilities. I would like to hear about your experiences in this role, specifically how you build effective, collaborative relationships with families. We'll spend time talking about facilitators and barriers and wrap up the conversation focusing on the use of photo elicitation as a means of supporting effective, collaborative relationships. While each of you hold the title "Head Start Family Service Worker," I want to acknowledge that you may have different experiences while fulfilling your responsibilities. Each of you has valuable stories to share with the group in regards to your experiences supporting families of young children with disabilities. Since there are several of you participating in this group, we will likely hear multiple viewpoints and opinions, and that is great! I want each of you to feel comfortable sharing your experiences, beliefs, as well as any recommendations you have for improving how Head Start Family Service Workers and families caring for young children with disabilities are able to form effective, collaborative relationships. In order to make this an enjoyable and productive discussion, there are just a few ground rules. I want this to be an open and free-flowing conversation, so don't feel like you have to raise your hand before speaking. However, in order to hear what everyone says, I would ask that we only have 1 speaker at a time. Also, we want our discussion to be respectful of individual differences and experiences. While it is perfectly acceptable to disagree or have differing opinions, we want to maintain a positive tone and atmosphere. Does anyone have questions before we begin? Great! Let's get started!

Icebreaker question:

As a way for everyone to become familiar with each other, I'd like each of you to introduce yourself and share a little bit about yourself including how many years you've worked as a Head Start Family Service Worker, what part of the state you work in, approximate number of families caring for young children with disabilities you have worked with, and what your favorite part of your job is. Also feel free to share anything else you feel would help us get to know you better.

(Provide everyone with the opportunity to share their personal information.)

Great! Thanks for sharing a little bit about yourself and your experience as a Head Start Family Service Worker. I'd like to get started talking more specifically about how you work to build effective, collaborative relationships with families caring for young children with disabilities.

Topic 1: Aspects of the FPTRQ Survey

Practices: *(These questions will be based off the survey findings from the FPTRQ Family Services Staff Measure and are subject to change.)*

Possible probes to facilitate discussion:

In general, what types of services or supports do you provide families caring for young children with disabilities?

What strategies do you use to learn a family's story? What strategies do you think are most effective? What strategies have you tried that have proved to be ineffective?

How do you assist families in determining what their concerns and priorities are for their child and their family unit as a whole?

Once this discussion is winding down, the facilitator will highlight or summarize what the participants have shared as an informal "member check." The facilitator will provide the opportunity for participants to provide any additional information.

Attitudes: *(These questions will be based off the survey findings from the FPTRQ Family Services Staff Measure and are subject to change.)*

Possible probes to facilitate discussion:

What do you see as your primary responsibility when it comes to supporting families caring for young children with disabilities?

What strategies have you used to connect with families that may hold different views on parenting than yourself?

Once this discussion is winding down, the facilitator will highlight or summarize what the participants have shared as an informal "member check." The facilitator will provide the opportunity for participants to provide any additional information.

Knowledge: *(These questions will be based off the survey findings from the FPTRQ Family Services Staff Measure and are subject to change.)*

Possible probes to facilitate discussion:

What types of specific information do you try to learn about families? (e.g., family composition, financial considerations, access to formal/informal support networks, cultural or religious practices, understanding of child development, etc.)

In your experience, how comfortable are families with sharing this type of personal information?

What have you done to help them feel more comfortable sharing personal information with you? *(This is similar to the question asking how they attempted to learn a family's story, so we may skip this question if participants have provided lots of examples of strategies.)*

Once this discussion is winding down, the facilitator will highlight or summarize what the participants have shared as an informal "member check." The facilitator will provide the opportunity for participants to provide any additional information.

Environmental Features: *(These questions will be based off the survey findings from the FPTRQ Family Services Staff Measure and are subject to change.)*

Possible probes to facilitate discussion:

What types of professional development training have you participated in to better understand the diverse families you may encounter?

How do you use your peers, perhaps other Head Start Family Service Workers or Head Start Family Service Managers, when you need additional support?

Once this discussion is winding down, the facilitator will highlight or summarize what the participants have shared as an informal “member check.” The facilitator will provide the opportunity for participants to provide any additional information.

Topic 2: Use of Photo Elicitation

I’d like to begin this portion of our discussion by telling you about the photo elicitation component of my study. *(Explain what photo elicitation is, how it was conducted, and provide brief demographic information of the participating families.)* Now I’d like to share some initial findings from the photo elicitation component. *(Provide a brief overview of the overall themes that emerged during initial qualitative data analysis and answer any questions focus group participants might have.)*

Possible probes to facilitate discussion:

What are your impressions of photo elicitation as a technique for learning a family’s story?

What are the potential benefits to its use?

What are the potential challenges to its use?

Is photo elicitation a strategy you would be interested in trying with your families? Why or why not?

What types of support do you think you might need if you are interested in trying photo elicitation with your families?

Once this discussion is winding down, the facilitator will highlight or summarize what the participants have shared as an informal “member check.” The facilitator will provide the opportunity for participants to provide any additional information.

Thank you so much for participating in the focus group. I greatly appreciate your insights. Does anyone have anything else they would like to add? Does anyone have questions?

Pass out the incentives (retailer gift cards)

Appendix H

Amazon™ Form for Focus Group Participants

April 2017

Dear Participant,

Thank you for participating in a focus group for this research study. Please fill out the following form so that I can purchase your \$50 Amazon gift card through our business office.

U.S. Citizen*	Please underline your response: Yes / No
Full Name	
Personal Home Address (street, city, state and zip code)	
Amount of Gift	\$50 Amazon Gift Card
Email Address	
Please sign or enter "X" to verify the above information is correct.	

* Please note gift cards can be sent to U.S. citizens only.

Upon receipt of this form, I will email your gift card via the email address you have provided. If you have any questions please contact Kimberly Hile by email at khile@illinois.edu or by phone at (217) 898-3104.

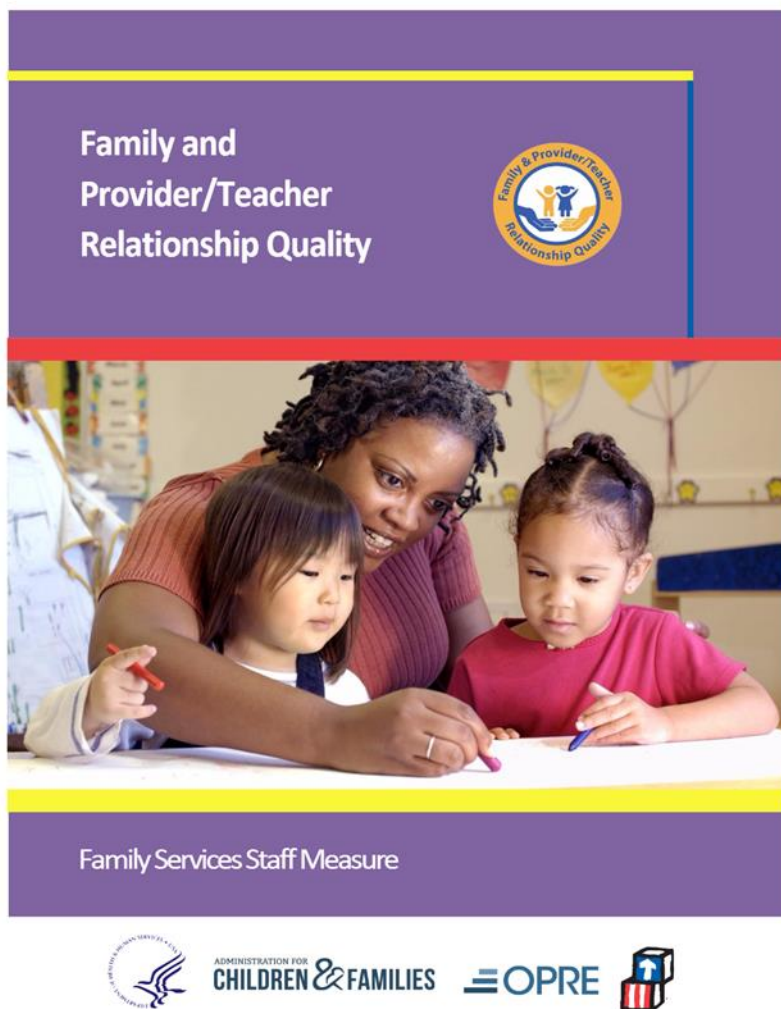
Thank you for your assistance,

Kimberly Hile
Doctoral Candidate
Department of Special Education
University of Illinois Urbana-Champaign

Dr. Amy Santos
Professor
Department of Special Education
University of Illinois Urbana-Champaign

Appendix I

Family and Provider/Teacher Relationship Quality (FPTRQ) Family Services Staff Measure



Family Services Staff Measure

This measure asks about you and your Head Start/Early Head Start program. It also asks about the Head Start/Early Head Start families you support. Some of these questions will be about how you and the families you support communicate and work together.

It takes approximately 15 minutes to complete this measure.

Please use a black or blue pen to complete this form.

Mark ☐ to indicate your answer.

If you change your answer, mark ☐ on the wrong answer, and mark ☐ to indicate the right answer.

By Family Service Worker (FSW) we mean someone who helps families identify their goals for themselves and their child; connect families to resources and services that support the family and the child; and help families advocate for themselves. FSW are also known by many different names and titles; some examples include Family Services Staff, Family Advocates, Home Visitors, and Family Services Coordinator. The term Family Services Staff is used in all materials related to this measure.

We would like to learn about how you and the families in your program work together.

- 1. Since September, how many of the families you serve have you directly helped in any of the following ways:**

[MARK ONE BOX IN EACH ROW.]

	None	Some	Most	All
a. Encouraged families to seek or receive services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Followed up with families about whether services they have received met their needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Made appointments or arrangements for families to receive services they need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Helped families find services they need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Advocated on behalf of families to ensure that outside service providers are responsive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 2. Since September, how often have you been able to do the following?**

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Followed up with parents about goals they set for their child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Followed up with parents about goals they set for themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Offered parents ideas or suggestions about parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Suggested activities for parents and children to do together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Worked with parents to develop strategies they can use at home to support their child's learning and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Taken parents' values and culture into account when serving them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Offered parents books and materials on parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Thinking about the families you serve, how many parents have you met with or talked to about the following?

[MARK ONE BOX IN EACH ROW.]

	None	Some	Most	All
a. How many children they have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How many adult relatives live in their households	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Their work and school schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Their marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Their parenting styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Their employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Their family's financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The role that faith and religion play in their household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Their family's cultures and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. What they do outside of the Head Start setting to encourage their children's learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. How they discipline their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Problems their child is having at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Changes happening at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Health issues their children may have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Health issues they or other family members may have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please indicate how much you agree or disagree with each of these statements.

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. My goal is to help parents reach their full potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I help parents to reach their job and educational goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I work with parents to figure out the steps to reach their goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I encourage parents to make decisions about their children's education and care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Parents' beliefs about childcare and education vary by culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I encourage parents to provide feedback on the services and support I provide them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am open to using information on different ways to help parents and children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Even though my professional or moral viewpoints may differ, I accept that parents are the ultimate decision makers for the care and education of their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please indicate how much you agree or disagree with these statements.

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. Sometimes it is hard for me to support the way parents raise their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sometimes it is hard for me to support the way parents discipline their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sometimes it is hard for me to accept the different cultural beliefs of parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sometimes it is hard for me to support the goals parents have for their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sometimes it is hard for me to work with parents who have different beliefs than me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sometimes it is hard for me to accept the choices that parents make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. When providing services to families in your program, how often do you take into account the following?

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Information parents share about their child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Whether activities are welcoming to all family members, including fathers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Information parents share about their home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. What you can do to make fathers or other family members feel comfortable at centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Families' values and cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Information parents share about their career or education goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Information parents share about their "life goals"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Since September, how often have you met with or talked to parents about the following?

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. How their child is doing in the Head Start/Early Head Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Their child's learning or development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Goals parents have for their child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Goals parents have for themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How parents are progressing towards goals they have for themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Problems their child is having in the Head Start/Early Head Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Problems parents may be having with their work or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Parents' vision for their family's future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. **People vary in what they consider part of their job. Please indicate how much you agree or disagree with the following statements.**

Part of my job is to...

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. Help families get services available in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Offer parents information about community events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Respond to issues or questions outside of my normal work hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Learn the values and beliefs of the families I serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Change my work schedule in response to parents' work or school schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Learn new ways to assist families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Change how services are offered to children and families in response to parent feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Talk to parents about parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Help parents reach their goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Tailor my approach when working with mothers, fathers, or other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Help parents learn skills needed to succeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Consider how culture shapes the way I should approach my work with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Make home visits to provide support and to work on goal setting with the families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Help families meet their basic needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. **If families have a question or a problem comes up during the day, how easy or difficult is it for them to reach you?**

[MARK ONE BOX IN EACH ROW.]

- ☐ Very difficult
☐ Difficult
☐ Easy
☐ Very easy

10. Since September, how many of the families you serve have you given information on the following:

[MARK ONE BOX IN EACH ROW.]

	None	Some	Most	All
a. Employment or job training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Food banks or pantries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child care subsidies or vouchers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Adult education, GED classes, ESL classes, or continuing education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Housing assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Energy or fuel assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Parenting skills group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Health insurance ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Since September, have you provided referrals for the following services, within your agency or the community:

[MARK ONE BOX IN EACH ROW.]

	Yes, I made a referral	No, I did not make a referral	Not applicable
a. Health screening for children (medical, dental, vision, hearing, or speech)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Developmental assessments for children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Counseling services for children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Counseling services for parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Social services such as housing assistance, food stamps, financial aid, or medical care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Nutritional screening for children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Legal services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Crisis assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. People work as Family Service Workers for many reasons. Please indicate how much you agree or disagree with the following statements:

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. I work as a Family Service Worker because I enjoy it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I see this job as just a paycheck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I work as a Family Service Worker because I like helping families reach their goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If I could find something else to do to make a living I would	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I work as a Family Service Worker because I like helping children and families get the services they need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. In the last ten years, have you received training or coursework on how to recognize signs of:

[MARK ONE BOX IN EACH ROW.]

	Yes	No
a. Child abuse and neglect	<input type="checkbox"/>	<input type="checkbox"/>
b. Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
c. Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
d. Depression or mental health issues in parents	<input type="checkbox"/>	<input type="checkbox"/>
e. Hunger	<input type="checkbox"/>	<input type="checkbox"/>
f. Developmental delays in children	<input type="checkbox"/>	<input type="checkbox"/>
g. Developmental delays in adults	<input type="checkbox"/>	<input type="checkbox"/>

14. How many families do you currently serve?

_____ families

15. How many centers do you currently serve?

_____ centers

16. How many years have you been working in this field?

_____ years

17. How long have you worked at your current center(s)?

_____ years

18. Do you have children living in your household who attend Head Start/Early Head Start now?

[MARK ONLY ONE BOX.]

☐ Yes

☐ No

19. Did you ever have a child in your household who attended Head Start/Early Head Start?

[MARK ONLY ONE BOX.]

☐ Yes

☐ No

The next set of questions asks about your background.

20. Do you have a Child Development Associate (CDA) credential?

[MARK ONLY ONE BOX.]

☐ Yes

☐ No

21. Do you have some type of family services credential that supports competency in working with families?

[MARK ONLY ONE BOX.]

☐ Yes

☐ No

Name of Credential: _____

22. What is the highest level of education you have completed?

[MARK ONLY ONE BOX.]

☐ Less than a high school diploma

☐ High school diploma or GED

☐ Some college, no degree

☐ Associate's degree

☐ Bachelor's degree

☐ Graduate school degree

23. Are you of Hispanic or Latino origin?

[MARK ONLY ONE BOX.]

☐ Yes

☐ No

24. What is your race?

[MARK ALL THAT APPLY.]

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander

Thank you!

Appendix J

Code Book for Photo Elicitation Interviews

Strategies Head Start Family Service Workers Use This theme addresses specific strategies that Head Start families report their Head Start Family Service Workers use in order to form effective collaborations with them.			
Code Name	Definition	Example	Non-Example
Building Rapport (gathering information, showing affection, respecting the family, advocating on their behalf)	Anything to do with how the FSW engages in positive interactions with the family as a way of getting to know them.	<p>“first couple meetings we just kind of chitchat and we still kind of chitchat about my ... What's going on in my life and stuff like that.”</p> <p>“And she was really into making sure she got everyone's names right.”</p>	<p>“The kids love her. In fact, Mavi, every time she comes here, Mavi wants to sit on her lap and snuggle with her.”</p>
Home Visits (flexibility, engagement, following the child’s lead)	<p>**Home visits in this context are meetings between the family and FSW conducted in the natural environment. Interactions done in passing (i.e., when volunteering at the center or attending parent committee meetings) are not examples of home visits.</p>	<p>“She really works well with me with my crazy, busy schedule, because we have lots of doctor appointments and we also do physical therapy-“</p> <p>“That was pretty nice instead of just saying, "Oh, this is what he needs to do this time," and stuff. She gave him choices.”</p>	<p>“Did she do any home visits with you?”</p> <p>“No.”</p> <p>“No. Okay.”</p> <p>“The teachers did.”</p> <p>“But I've got to know her through parent committee and we talk about all kinds of random things at parent committee sometimes.”</p>
Exceeding Expectations (provide resources, set up tours or introduce to teachers, helping get kids into the building, diapers)	This is any act that families perceive goes above and beyond what is outlined in their professional responsibilities and job description.	<p>“She's the one that always gives me the heads up like if she hears of any ways that I can make extra money to any odd jobs that Ray can do, she'll either send me a text or she'll swing by and be like, "Hey, I didn't want to say this up there because I didn't want parents thinking that I have favorites, but you guys have so many kids, and I know you could use the extra so tell Ray blah, blah, blah, blah.”</p>	<p>“The fact that they're willing to help me means more than anything really, especially after a long day at work. I just hope that I'm not going to have to fuss and fight with them.”</p>

Communication	Any discussion of how the HS FSW communicates with the family. May include method of communication, purpose, or effectiveness.	“When she first started, phone calls. I would get phone calls about the littlest things. I'm like, "Look guys." I'm like, "Unless she's like massively bleeding or you think something ..." I'm like, "I'm okay." But some of those parents aren't like that. So they have to be a little bit more. Little phone calls. Little notes home.”	“Anything that we've asked to have done or they've asked us to do, I would just say we all support each other. Anything they send home, we'll do.”
-active listening	Anything that highlights the family's perception that their FSW truly “hears” them and takes the time to listen to their concerns or answer questions.	“Some days she comes here and I'm just having a bad day, she lets me vent to her, which I don't know if that's part of the ... But she does. She listens very well and she ... With all the kid's health and stuff that's going on, she does listen very well and she supports that.”	“Well, I know that if I have any problems with Zaden or anything that she is somebody that I can go and I can talk to and she will help me any way that she can help me.”
-informal methods (texting, notes/letters)	Any discussion of using alternative methods when communicating with the family.	“She'll text me, too. If she knows that we have a major doctor appointment, she'll text me, "How'd it go? Are the kids doing good?”	“I don't think the Friday homework deal. I'm like, "Who gives pre-kindergarten homework over the weekend?”
-follow-up	Any discussion of how the FSW connects with the family to inquire about a particular situation (i.e., medical appointment or applying for a job) or to make sure that an issue was resolved.	“There was one time that he was really sick, and she did, she called and asked how he was doing. She didn't have to do that.”	“So she would come, like I said, at times that it wasn't even supposed to, like you know, off her days, just so she could see. You know she kind of helped me for an hour or two here. Spent time with him, which that helps me relax.”

Family Perceptions of Photo Elicitation

This theme describes the thoughts and feelings Head Start families have regarding photo elicitation—may be positive or negative. Families’ perceptions of both the benefits and challenges are included.

Code Name	Definition	Example	Non-Example
Benefits	Specific to perceived benefits the family expresses regarding using pictures to “tell their story.”	<p>“Well, because I'm a visual person, and a lot of people learn visually. I can tell them how things are, but a picture can speak way louder because it's got everything there, except for maybe the emotion, and sometimes even the emotion if they're crying or upset or happy, or whatever. So, yeah, I think that would be helpful.”</p> <p>“Yes, because it does . . . you can show what your kids like to do and you can show your kids in their environment without a stranger there.”</p>	“I actually do, sometimes. In Wesley’s classroom when the girls and him were all in the same class, they each did collages that they were supposed to do That way, when the kids were first adjusting to it, they at least had pictures of all of their siblings, mom and dad that they could go to and see, and it helps with things.”
-Routines	Any discussion of how photos can assist FSWs to better understand the family’s daily routines. A typical “day in the life.”	<p>“Yes, because it does. . . . You can show what your kids like to do and you can show your kids in their environment without a stranger there.”</p> <p>“Because it's like a normal life. Like, this is what we do in the morning. This is how we get doing stuff. This is what we do when we're not doing stuff. It's like our life to moment.”</p>	“I feel like it can be an effective way cause then you actually, you see the picture that goes along with the story that you're telling about them.”
-Authentic Experiences	Any discussion of how photos can assist FSWs to better understand what the family truly “looks like.” Not staged.	<p>“Doing what they love to do in their own element.”</p> <p>“You can show what your kids like to do and you can show your kids in their environment without a stranger there.”</p>	“You can't get mad about everything because I have other pictures, too, that are like he took my [inaudible] like that and ... it crashed into that. You can't tell once you're watching the TV, but when we turn it off, you could see it.
-Focus on Positives	Any discussion of how photos can assist FSWs to understand the child or family’s strengths or skills.	“I think it would be very helpful. Even if it was five photos. Something simple. What's the best and what's the worst? To say, "This is what we're good at." To have a positive spin on it.”	“If a picture's a thousand words, it's easy just to get your point across better or your needs across more.”

Challenges	Specific to perceived challenges the family expresses regarding using pictures to “tell their story.”	<p>“But at the same time, pictures can kind of be misleading, so you have to watch it. You have to make sure that you’re not taking . . . that you’re taking the right kind of pictures.”</p> <p>“don’t pose them. Don’t set it up.”</p> <p>“Of course the parents then can always take what they want to show and not maybe what is actually going on.”</p>	“I mean I’ll do it for your project because I could figure it out and I can.”
-Lack of authentic experiences	Any discussion of how photos can be inauthentic if the family attempts to alter what’s actually going on in the context of the picture. “Staged”	“I think pictures are good. Of course the parents then can always take what they want to show and not maybe what is actually going on.”	“Doing what they love to do in their own element.”

Appendix K

Code Book for Focus Groups

<u>Strategies</u> Used by Head Start Family Service Workers This theme addresses strategies that Head Start Family Service Workers report using to engage families in “telling their story” related to caring for a child with a developmental delay or disability. This theme is based off the Family and Provider/Teacher Relationship Quality (FPTRQ) measure developed by the Administration for Children and Families’ Office of Head Start and the Office of Planning, Research, and Evaluation. The FPTRQ is broken down into four constructs that facilitate collaborative relationships including: (a) practices (b) attitudes (c) knowledge and (d) environmental features.			
Code Name	Definition	Example(s)	Non-Example(s)
Practices Refers to provider/teacher interactions and engagement with families.	This FPTRQ construct addresses five elements including communication, responsiveness, collaboration, connecting to services, and family-focused concern. In the context of this study, I focused on services/supports FSWs provided families, strategies they used to “learn a family’s story,” and how they assisted families in determining goals and priorities for their child and family.		
-Serve as a Resource (connecting to services & collaboration)	This code describes any discussion of how the FSW connected families to community resources (e.g., schools, early intervention, medical/dental services, transportation, etc.), connected them with other Head Start families, supported collaboration between Head Start and EI/ECSE or service	“We always tell families when they come in to do an application, we tell them we’re not a daycare, we are a comprehensive preschool program, so we’re not only here for your child, but for you, so our application is . . . it can seem sometimes intrusive when we ask questions, but we’re here to help the whole family, not just your child.” “Our family service staff are there to help support them or find new resources on their rights as a parent with a child with a disability.”	“Intervention and Referral gets all of those scores, and they look at those and see who they may need to go out and look at, or follow up on, or that type of thing. They actually do the referrals, or if a Teacher doesn't agree with what a parent wrote down on the Age and Stages then she will contact that department and say, "Hey. I have a child I need you to come look at. We need some additional support with the family."

	providers (e.g., SLP/OT/PT/Social Work), or assisted families in understanding the Head Start program in general (e.g., purpose, policies/procedures, application process, etc.)	“We collaborate a lot with our teachers. Like I said, Head Start’s a comprehensive program, so everybody has to combine to make the best outcomes for the child and the family. . . . We try to keep everybody in the same boat so that if there is a specific goal in mind, everybody’s aware of it, so we’re all working towards the same thing and not different things going on.”	
-Build Rapport (responsiveness, communication & family-focused concern)	<p>This code describes any discussion related to how the FSW engages in positive interactions with the family as a way of getting to know them.</p> <p>Includes: being responsive to individual families’ needs, using the families’ strengths, conducting home visits, sharing personal experiences, connecting on a personal level, and recognizing when the family is becoming overwhelmed with the questions, paperwork, or intrusiveness of the process</p>	<p>“I try to draw from my own experiences as a mother of a child with a disability, so I am familiar the hard way with how it works, accepting it, how hard it is.”</p> <p>“They’re all individual. They’re all so different, so you really have to handle every family differently, which I think is my way to start out with a family from the get go.”</p> <p>“So just learning about them . . . one of the questions on it is, ‘is there anything unique about your family that you would be willing to come in to provide and share in the classroom?’”</p> <p>“I would individualize. If they’re not feeling this and I’m getting too deep into their stuff, I can visually see that probably. If they’re uncomfortable, I’ll back off. If they’re fine with it, I’ll keep going and build on what I have. I don’t know if we all view the whole booklet with everybody the first time. Just kind of depends on how receptive they are I think.”</p>	<p>“We also have the framework form. It’s a questionnaire that opens up various questions to a living situation of a family, or educational situation. What else? Health.”</p> <p>“I think parent meetings are just not good. I mean, we can’t require it, so we have to come up with all kinds of little gift card, give away this just to get them here.”</p>

<p>-Provide Emotional Support</p>	<p>This code specifically relates to supporting families who are struggling with accepting their child's differences or diagnosis while navigating appropriate services. A key component of this code is the ability for FSWs to “meet the family where they are.”</p> <p>This code is specific to those families struggling with accepting their child's disability.</p>	<p>“A lot of what we do is helping the parents weed through all of that paperwork and their rights and get a right place to get special services for their child, because it's scary, and a lot of times it's hard for the parents to accept that their child might or does have a disability, so having someone with them by their side, walking them through it.”</p> <p>“A lot of times we're the first person they talk to about that, so we kind of open the doors I think for a lot of families that there may be an issue that they need to see their doctor about or go to a screening for or whatever. I feel like we build that relationship with them, and then they're willing to listen.”</p>	<p>“You know, then at that point we would talk to the Teacher, and then sit down with the Teacher and Mom, or whoever, and talk about the referral process at that point.”</p>
<p>Attitudes</p> <p>Refers to provider/teacher beliefs and values that inform their work with families</p>	<p>This FPTRQ construct specifically addresses respect, communication, openness to change, and understanding context.</p> <p>Includes: reserving judgment, showing respect to all families, and beliefs regarding their role when determining child and family goals (family determined, FSW determined, or collaboratively--could be positive or negative)</p>	<p>“Not to be judgmental about it. If they truly choose not to do it, then that's their choice and we have to accept that. We can push and push all we want, but if they say, ‘No, I don't want to do it,’ then you just kind of have to say, ‘Okay, well, just know that when they get to school, there might be some other issues. I'm just being upfront with you about it.’ Just to be respectful.”</p> <p>“We set goals when we do our family assessment. . . . Really we just do it with the family and find out, based on your conversations, pick out in my mind what I feel like is the most important thing for the family at the time. . . . I think it's our job probably to pick out ways we can support them and encourage more discussion about that to try to get them to set goals with them that we can follow up on at their next home visit.”</p>	<p>“We are mandated reporters.”</p> <p>“And if a parent come and tell you, “Me and my children are sleeping in the car.”</p>

<p>Knowledge</p> <p>Refers to specific information that providers and teachers have about families</p>	<p>This FPTRQ construct relates to gathering family and child-specific knowledge.</p> <p>In the context of this study, it is specific to the types of information the FSW is required to gather on families enrolled in Head Start.</p> <p>Includes: specific child and family information (e.g., birth/medical history, access to medical/dental services, disability, social history, family composition, employment, housing, drug/alcohol abuse, education level, etc.) Also includes mention of specific tools FSWs use to gather this information (e.g., application paperwork, Family Assessment booklet, parent collaboration form, Family Partnership Agreement, etc.)</p>	<p>“When they come in to do an application, we get their basic demographics, and then we do have an eligibility criteria, so a lot of the questions they just referred to are on that.”</p> <p>“And then on our parent collaboration form, the teachers do those at the home visit, but that toes into more specifics to the child. Does your child sleep through the night? Do they nap? Are they potty trained?”</p> <p>“Part of their assessment booklet, they can go pretty deep on is there any drug or alcohol abuse, domestic violence, do you have a savings account or a checking account, are you involved in any committees, groups, or clubs in the area?”</p> <p>“When we do the initial intake stuff, sometimes not everybody signs the family partnership agreement act in the beginning.”</p>	<p>“Just engage with them. Talk to them. Meet them, and just really just talk to them.”</p> <p>“Now, that's where we will individualize, because personally, I would individualize ... if they're not feeling this and I'm getting too deep into their stuff, I can visually see that probably. If they're uncomfortable, I'll back off. If they're fine with it, I'll keep going and build on what I have. I don't know if we all view the whole booklet with everybody the first time. Just kind of depends on how receptive they are I think.”</p>
---	---	---	---

<p>Environmental Features</p> <p>Reflects the tone, physical environment, organizational climate and program-level resources/supports for providers/teachers</p>	<p>This FPTRQ construct addresses environmental features including welcoming, communication systems, culturally diverse materials, information about resources, and peer-to-peer parent activities.</p> <p>In the context of this study, I focused on supports the FSWs had access to including professional development trainings and peer support.</p> <p>Includes: professional development opportunities, peer development day, networking (working with community organizations), obtaining credentials or degrees (e.g., Family Service Credential)</p>	<p>“There are trainings that we can go to nationally, at the state level, locally. We sit on a variety of community organizations that are always offering different trainings, so we try our best to share those training invites out.”</p> <p>“We sit on a quality enrichment circle that we typically do three times every year, and those are peers to us with other Head Starts, and a lot of diversity. . . . I feel like if I’m networking with the other Head Starts across Illinois, we gain a lot of insight on things that are going on outside of our little world that we are in.”</p> <p>“Also, in house, we have what we call staffings, usually twice a year, so we sit down and it’s the whole team, so it would be the teacher, teacher’s assistant, managers, your family service workers, your early learning specialist, the coach, all of that, and we sit down and we discuss the teachers’ class lists, so if there’s any issues going on with the kiddos, we can all be on the same page.”</p> <p>“Just recently in November of last year, Head Start put in that family service workers either had to be hired with or obtained in 17 months a family service credential. We never had any kind of education guideline for family service staff, so all of my team have that credential from the Gateways program, so we all have the family service credential. We all have it no matter what, but not that it’s been put in place, so it helps us keep on top of our professional development and our education.”</p>	<p>“We had one that came to Moulton because we had a child walking on his tiptoes but they thought the child was on the autism spectrum but the child didn’t have the proper ligaments in his feet and so that child is gonna have reconstructive surgery, three years old, on their feet because the ligaments aren’t stretching.”</p>
---	---	---	---

Head Start Family Service Worker Perceptions of Photo Elicitation This theme describes the thoughts and feelings Head Start Family Service Workers have regarding photo elicitation—may be positive or negative. Family Service Workers’ perceptions of benefits, barriers, and requirements for successful implementation are included.			
Code Name	Definition	Example	Non-Example
Benefits	Specific to perceived benefits FSWs express regarding the family’s use of pictures to “tell their story.”		
-Building Rapport	<p>Any discussion of how photos can support positive interactions so that FSWs gain a better understanding of each family’s strengths, concerns, needs, priorities, etc.</p> <p>Includes: responsive to various communication styles, supports a more relaxed atmosphere when sharing information with FSWs, decreases the time it takes to share a story, etc.</p>	<p>“because some people who aren’t comfortable speaking or doing a one-on-one, a picture book, more or less, I think would be right up their alley, or a parent that doesn’t have a lot of time to sit down and tell you everything in their life. . . . People have different communication styles, so that definitely could be one of them.”</p> <p>“Depending on what their main priorities are, like if their pictures are the kids eating dinner as a family or if it’s just kids sitting in front of the TV eating dinner, you’re going to know what those priorities are.”</p> <p>“People love to talk about pictures so that’s a great way for them to open up and it’s something comfortable because it’s just talking about something that they’re comfortable with.”</p>	<p>“I think it might be more accurate than a verbal.”</p> <p>“It’s different when you see them walking in here with a parent, and then you see them different with their Teacher. Then you see them different leaving.”</p> <p>“You feel like you can use photo-elicitation in your role to learn more about families beyond maybe what you’re gathering in your intake paperwork?”</p>

-Authenticity	<p>Any discussion of how photos can assist FSWs to better understand the family's daily routines or what the family truly "looks like." A typical "day in the life." Photos are not staged.</p> <p>Includes: capturing routines, recognizing family priorities, getting an authentic picture of the family's story, limits interpretation, etc.</p>	<p>"Well, I thought it would give a little more accurate representation of how it is, like a day in the life rather than what the parents want to show you, which not that that's bad. That may give a more accurate representation into their social/emotional functioning rather than the actual day to day events and activities."</p> <p>"I think, too, it takes a little bit of your own interpretation out of it, so a parent could say, 'Well, we go to the park together every night at 5:00.' Well, if then they put a picture in the picture book or the album that is just the kids on the playground and mom on her cell phone, is that really being bonding time? But if you see the picture and mom's on the monkey bars with them or things like that, that takes that question or that interpretation out, because they're providing the exact picture of what it is to them."</p> <p>"I think a lot of times parents can say things, and they know what they mean. We see it on a regular basis even with each other. 'Yeah, I thought you know what I meant. I said this. Well, I interpreted it this way, so I did it this way.' I think it would help make their words a little more clear or help them understand what they were meaning . . . because then it's in action, more or less, a still photo or whatever."</p>	<p>"Yes. Grandma. They're crying for Grandma, and then they're like, "See you later" with Mom. A kid changes their emotions. Well, everybody changes emotions. It depends on their situation, so they could be awful for Mom. Have the best day at school. Then you get them home and you're like, "What are you doing to me?" ... or they could be like, "They had a horrible day at school." They're like, "Yes ma'am. No ma'am. I folded the clothes." You're like, "Who are you?"</p>
Barriers	Specific to perceived barriers FSWs express regarding the family's use of pictures to "tell their story."		

-Lack of authenticity	Any discussion of how photos can be inauthentic if the family attempts to alter what's actually going on in the context of the picture. "Staged"	<p>"I would be curious to see how true the picture would be."</p> <p>"Our parents . . . sometimes they hesitate to tell you how bad it is because they think you're gonna report them. So are then really gonna take true pictures?"</p> <p>"You know how Facebook is. Everyone's smiling."</p>	<p>"We would have to really explain it, Exactly what we were looking for without leading them."</p> <p>"Look at my kids dressed all together. Well, you didn't see them freaking out ten minutes ago when we were putting the outfits together. My husband hated it."</p>
-Logistics		<p>"I don't know how many people take pictures and print them off and keep them anymore . . . a majority of our population is low income or restricted income . . . I think some of the technicalities and maybe the cost, if you weren't covering that for the family, I think that might be a pitfall or a downfall of it."</p> <p>"It could be digital, but then you run into that as well. Does the family have, if it's not on their phone, internet access to show you on their Facebook, or do they have a computer, or whatever to do it?"</p> <p>"For a working parent, single parent with multiple children, I think time would be a factor."</p> <p>"And some of our children are in safety plans, you know? And they don't need to be in pictures people can identify where they are or whatever."</p>	<p>"And it may just be the clients that we have, it may just be north Alabama driven, I don't know, but there is a level of secrecy."</p> <p>And does this have to be printed off? She's saying as picturing it in her hand, and I'm picturing it to be a digital kind."</p>

Appendix L

IRB Approval

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

Office of the Vice Chancellor for Research

Office for the Protection of Research Subjects
528 East Green Street
Suite 203
Champaign, IL 61820



August 18, 2016

Rosa Santos Gilbertz
Department of Special Education
288 Education Bldg
Champaign, IL 61820

RE: *Would You Like to Hear a Story? Exploring Photo Elicitation as a Means of Engaging Families of Young Children with Disabilities in Head Start*
IRB Protocol Number: 17044

Dear Dr. Santos Gilbertz:

This letter authorizes the use of human subjects in your project entitled *Would You Like to Hear a Story? Exploring Photo Elicitation as a Means of Engaging Families of Young Children with Disabilities in Head Start*. The University of Illinois at Urbana-Champaign Institutional Review Board (IRB) approved, by expedited review, the protocol as described in your IRB application. The expiration date for this protocol, IRB number 17044, is 08/14/2017. The risk designation applied to your project is *no more than minimal risk*.

Copies of the attached date-stamped consent form(s) must be used in obtaining informed consent. If there is a need to revise or alter the consent form(s), please submit the revised form(s) for IRB review, approval, and date-stamping prior to use.

Under applicable regulations, no changes to procedures involving human subjects may be made without prior IRB review and approval. The regulations also require that you promptly notify the IRB of any problems involving human subjects, including unanticipated side effects, adverse reactions, and any injuries or complications that arise during the project.

If you have any questions about the IRB process, or if you need assistance at any time, please feel free to contact me at the OPRS office, or visit our website at <https://www.oprs.research.illinois.edu>.

Sincerely,

Rebecca Van Tine, MS
Human Subjects Research Specialist, Office for the Protection of Research Subjects

Attachment(s): Informed consent documents; and Waiver of Documentation of Informed Consent Form

c: Kimberly Hile